
From: Staton, Jennifer A
Sent: Friday, February 9, 2018 2:22 PM
To: 'tami.lariviere@promedsoftware.com'
Cc: Amsler, Sandra
Subject: RE: Freedom of Information Act: Request for Proposal #18-014, Medicaid Direct Billing Services
Attachments: HM Beaufort-SC - 18-014 RFP Medicaid Direct Billing-Final.pdf; SSG Beaufort_Schools_FFS_Cost Proposal_11 27 17 - final.pdf; SSG Beaufort_Schools_FFS_Proposal_11 27 17 - final - REDACTED.pdf

Ms. Lariviere-

Please see the attached.

Jennifer Staton, MS, CSP
Risk Manager
Beaufort County School District
843-322-2355 (w) | 843-812-6405 (m)

From: Amsler, Sandra
Sent: Tuesday, February 6, 2018 10:03 AM
To: Staton, Jennifer A <Jennifer.Staton@beaufort.k12.sc.us>
Subject: FW: Freedom of Information Act: Request for Proposal #18-014, Medicaid Direct Billing Services

Sandi Amsler, CPPB
Procurement Coordinator
Beaufort County School District
843-322-2349
843-322-0748 (fax)

From: Tami Lariviere [<mailto:tami.lariviere@promedsoftware.com>]
Sent: Tuesday, February 6, 2018 9:59 AM
To: Amsler, Sandra <Sandra.Amsler@beaufort.k12.sc.us>
Subject: Freedom of Information Act: Request for Proposal #18-014, Medicaid Direct Billing Services

Dear Sandi,

Attached is a request for copies of all vendor responses to RFP 18-014, Medicaid Direct Billing Services under the Freedom of Information Act. Please let me know when we can expect to receive copies of all submissions and the vendor scoring sheet.

Thank you kindly,

Tami Lariviere
VP Sales



Professional Software for Nurses, Inc.

Office (800) 889-7627 x102 | Cell (603) 305-7763
tami.lariviere@promedssoftware.com | www.promedssoftware.com



Healthmaster Holdings, LLC
Response to



Request for Proposal #18-014
Medicaid Direct Billing Services (Re-Bid)
Opening Date - November 28, 2017 @ 1:00 PM EST



November 22, 2017

Beaufort County School District
Procurement Office
2900 Mink Point Blvd.
Beaufort, SC 29902

Re: Healthmaster Holdings LLC Response to: (Re-Bid) Solicitation #18-014
Medicaid Direct Billing Services

Healthmaster Holdings LLC (Healthmaster) is pleased to respond to the Re-Bid of the above referenced Request for Proposal (RFP). Healthmaster has been providing school districts throughout the country with student health record software and related implementation and training services for over 27 years and integrated Medicaid claims processing for over 14 years.


This response contains our proposal to provide Healthmaster's HIPAA compliant, web-based Medicaid Billing/Claim Processing services together with Healthmaster's secure, hosted web-based services, including the **complete suite of HealthOffice® Anywhere software applications** as the solution for a comprehensive, district-wide, secure, integrated health services electronic records system along with its **integrated Medicaid billing module**.

HealthOffice® Anywhere is a comprehensive, secure, hosted web-based, software suite of applications for scheduling, documenting, tracking, analyzing and reporting all student encounters, together with **integrated Medicaid documentation templates that maximize Medicaid revenue**, eliminate time-consuming paperwork and reduce costs **and the pre-audit of claiming information ensuring compliance**. The HealthOffice® Anywhere software suite that we will provide as part of our proposal contains a comprehensive **Nursing Electronic Medical Records** application, a comprehensive **Special Education Case Management** application, a comprehensive **Mental and Behavioral Health Case Management** application.

Healthmaster's secure, hosted web services, **including backup and disaster recovery**, are provided in an off-site data center that has been audited for compliance which includes HIPAA, PCI DDS, SOC 2, SOC 3 and SSAE 16. This level of audited compliance provides the physical and network security standards, internal controls and operating processes and 24/7 availability to data required meeting the highest standards in the industry. HealthOffice® Anywhere is HIPAA and FERPA compliant.

We have enclosed seven (7) original signed copies of our response and one (1) redacted version on a zip drive as required in the RFP.

Sincerely,

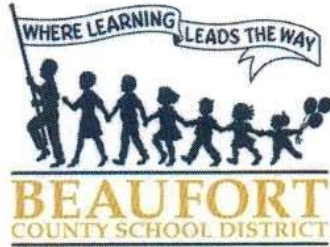


Frederic A. Smith, Esq.
Chief Legal Officer



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Beaufort County School District

Solicitation Number: 18-014
Date Printed: November 7, 2017
Date Issued: November 7, 2017
Procurement Officer: Sandi Amsler, CPPB
Phone: 843-322-2349
Email: Sandi.Amsler@beaufort.k12.sc.us

Request for Proposals (RFP)

DESCRIPTION: **Medicaid Direct Billing Services**

SUBMIT OFFER BY (Opening Date & Time): **November 28, 2017; 1:00 PM EST**

QUESTIONS MUST BE RECEIVED BY: **November 16, 2017**

NUMBER OF COPIES TO BE SUBMITTED: **Seven (7) Original Signed Copies and One (1) Redacted Version on CD**

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:

Beaufort County School District
Procurement Office
P.O. Drawer 309
Beaufort, SC 29901-0309

PHYSICAL ADDRESS:

Beaufort County School District
Procurement Office
2900 Mink Point Blvd
Beaufort, SC 29902

AWARDS & AMENDMENTS:

Award will be posted at the Physical Address stated above on or after December 1, 2017. The award, this solicitation, and any amendments will be posted at the following web address: <http://beaufortschools.net>.

You must submit a signed copy of this form with Your Offer. By submitting a proposal or bid, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.

NAME OF OFFEROR: (Full legal name of business submitting the offer)

ENTITY TYPE

Healthmaster Holdings, LLC

LLC

AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Fredric A. Smith, Esq.

Chief Legal Officer

PRINTED NAME

TITLE


Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. An offer may be submitted by only one legal entity. The entity named as the Offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

PAGE TWO

(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for Offeror's home office/ Principal place of business): 2655 Oakley Park Road Suite 100 Walled Lake, MI 48390	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent): 2655 Oakley Park Road Suite 100 Walled Lake, MI 48390
PHONE NUMBER: 1 (888) 714-1400	
EMAIL ADDRESS: lori.rohde@healthmaster.com	

PAYMENT ADDRESS (Address to which payments will be sent): <input checked="" type="checkbox"/> Payment Address Same as Home Office Address <input type="checkbox"/> Payment Address Same as Home Notice Address (check one only)	ORDER ADDRESS (Address to which all purchase orders will be sent): <input checked="" type="checkbox"/> Payment Address Same as Home Office Address <input type="checkbox"/> Payment Address Same as Notice Address (check one only)
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ACKNOWLEDGEMENT OF AMENDMENTS: Offeror acknowledges receipt of amendments by indicating amendment number and its date of issue.	<u>Amendment Number</u> #1	<u>Amendment Issue Date</u> 11-17-17 
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MINORITY PARTICIPATION- Are you a Minority Business Enterprise: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please include a copy of your certification.
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Executive Summary

Healthmaster®

Healthmaster is one of the largest software companies in the U.S. dedicated solely to providing secure, hosted, Student Electronic Health Record (EHR) software. Founded in December 1989, Healthmaster has materially enhanced its software over the past 27 years to provide extremely secure, web-based, hosted, state-of-the-art software and services to address the needs of school nurses, special education professionals, mental & behavioral health professionals and administrators for creating, documenting, reporting, tracking and analyzing student health data. It's signature software, HealthOffice® Anywhere (HealthOffice) is a web-based suite of hosted, software applications containing a robust SQL database with optional, integrated modules for: Nursing and Medical Services; Dental Services; Special Education; Mental & Behavioral Health; HealthOffice Portal and related Apps for iOS and Android smart phones; Risk Management; Ad-Hoc Reporting with Data Warehousing; Training/Testing "Sandbox"; HealthOffice Tutor (hosted, eLearning for each HealthOffice module); and HealthOffice On-Site and Internet-based Training. Every software documentation module in HealthOffice contains an optional, tightly-integrated, Medicaid billing documentation system adapted for the particular specialty.

Healthmaster's proposed solution for Beaufort County School District consists of four main elements: (i) HealthOffice® Anywhere user subscriptions for each nursing professional; (ii) HealthOffice® Anywhere user subscriptions for each Special Education professional; (iii) extensive initial training and annual Tutor (eLearning) modules; and (iv) Healthmaster's Clearinghouse services for Medicaid billing.

These HealthOffice applications provide scheduling, documenting, reporting and compliance functionality that equal or exceed all requirements of local, state and federal guidelines in a single, easy to use program and contain all of the components every school district must have in order to be accurate, compliant, secure, accountable and fiscally sound. HealthOffice is IDEA, FERPA and HIPAA Compliant. All healthcare services, medical problems, diagnoses, scheduled or unscheduled encounters, medication dispensing as well as all necessary Medicaid billing information (if choosing to bill Medicaid through Healthmaster) are entered and can be seen at a glance by an authorized user. The use of district-wide or individual templates allow quick, accurate documentation of the most common encounters and related Medicaid information, usually in less than a minute.

Group or individual encounters, multiple types of notes, form and referral letters, health care plans, IEPs, student demographics, contact information, medical alerts, detailed immunization history (including evaluation of each vaccine by dose in accordance with your state's criteria) and numerous other features provide all of the features and functionality needed by the healthcare professional to perform all of the scheduling, documentation and reporting required by her or his job in a secure and professional manner in one integrated program. There is context-sensitive Help on each screen as well as an extensive on-line Help manual provided to each user with the application.

Using the integrated Medicaid claiming functionality, medical diagnosis, procedure codes and other required information are recorded automatically by the use of templates or individually as a part of documenting each encounter. The Medicaid claiming functionality provides the ability to record the specific ICD-10 code at the time any scheduled office visit or procedure is initially set up and it is automatically recorded with all scheduled encounters. All of the state-specific billing procedure codes and modifiers for each job classification are recorded as part of the initial configuration and the software automatically restricts use of specific codes to



each billing provider to her/ his specific job position that was assigned as part of each user's initial set up. The system provides the ability to record the professional license(s), including expirations dates, and qualifications of each user and notifies the user and her/his supervisor prior to license expiration. The system will not submit a Medicaid claim for a provider needing a supervisor's review of the documentation unless the approval is documented and attached as part of the event record. Prior to transfer of billing information to Healthmaster's Medicaid claim processing service, the program automatically "pre-audits" all billable encounters with district-specific billing rules. This has resulted in a realization rate of over 97% system wide and 99% for the majority of our Districts.

HealthOffice can be configured to automatically import required data from the district's SIS (Student Information System) as well as information from other related databases. The import of the required information from these systems can be scheduled within the HealthOffice program to automatically perform on a nightly, weekly or monthly basis, as desired, to ensure that the self-contained HealthOffice database is kept up to date with all the latest student information. Backup of all data occurs automatically as part of Healthmaster's Web Services as well as automatic installation of periodic updates and enhancements to the software and disaster-recovery of data, if needed.

We host HealthOffice® Anywhere in order to:

- Help our customers dramatically reduce costs by eliminating hardware, software and maintenance costs associated with their own IT departments and data centers;
- Reduce our customers operational risks by exceptional security systems and utilizing our data center's experienced staff and repeatable processes;
- Give our customers access to their data 24/7;
- Provide the safety of automatic backups and disaster-recovery;
- Provide automatic installation of software enhancements and updates

Data privacy and security is extremely important to Healthmaster. Our data center is SAS 70, SSAE 16, SOC, PCI and HIPAA compliant reflecting the highest standards in the industry. We don't take chances by exposing our customers to serious penalties – our data center is independently audited to be HIPAA compliant by a Certified HIPAA Practitioner (CHP) and Certified HIPAA Security Specialist (CHSS). With regard to data privacy, Healthmaster is a signatory to the Student Privacy Pledge where it has covenanted to NEVER: (1) collect, maintain, use or share student personal information beyond that needed for authorized school purposes; (2) sell students' personal health information; or (3) use or disclose any information collected in its software for behavioral targeting of advertisements to parents or students. Healthmaster's HealthOffice® Anywhere Web Services Agreement with its school district customers provides that the data within the school district's hosted, HealthOffice database is the property of, and under the control of, the school district. Healthmaster does not own any of the student information, health data or the school district created data within the database.

Healthmaster Experience and Capabilities

Healthmaster is the largest software company in the U.S. dedicated solely to providing secure, hosted, School Nursing Electronic Health Record (EHR) software, Special Education IEP case management, Mental & Behavioral Health case management, and integrated Medicaid claim processing to public and private school districts throughout the country. Healthmaster has been providing documentation software and Medicaid Billing/Clearinghouse services in South Carolina since 2003. Over 300 school districts across the country currently use HealthOffice® Anywhere for their documentation needs.

Healthmaster provides accurate, comprehensive, secure, audit-safe Medicaid billing/clearinghouse services from data provided by the district's HealthOffice® Anywhere database. The data is a part of the normal documentation of services provided by the qualified healthcare professional without additional customer clerical work. Healthmaster provides clearinghouse services to twenty-three (23) Medicaid billing school districts in South Carolina.

Listed below is a list of five (5) school district references from similar projects comparable to BCSD with general details of the services provided.

District Name: Aiken County School District, SC

Contact Person: Monica Mazzell

Title: Supervisor of Nursing Services

Phone: (803) 641-2417

E-mail Address: mmazzell@acpsd.net

Dates of Project: April 2009-Present

Services Provided: Aiken County School District has been a Medicaid Direct Billing Services client with Healthmaster since 2009. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

District Name: Pickens County School District, SC

Contact Person: Angela Watson

Title: Nurse Coordinator

Phone: (864) 397-1048

E-mail Address: angelawatson@pickens.k12.sc.us

Dates of Project: December 2006-Present

Services Provided: Pickens County School District has been a Medicaid Direct Billing Services client with Healthmaster since 2006. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

District Name: Charleston County School District, SC

Contact Person: Sherry Huber

Title: Nurse Liaison

Phone: (843) 745-2178

E-mail Address: sherry_huber@charleston.k12.sc.us

Dates of Project: December 2003-Present

Services Provided: Charleston County School District has been a Medicaid Direct Billing Services client with Healthmaster since 2003. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

District Name: Greenwood School District 50, SC

Contact Person: Nancy Moore

Title: Lead Nurse

Phone: (864) 941-5571

E-mail Address: mooren@gwd50.org

Dates of Project: July 2005-Present

Services Provided: Greenwood School District 50 has been a Medicaid Direct Billing Services client with Healthmaster since 2005. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

District Name: Greenville County School District, SC

Contact Person: Cathy Storey

Title: Coordinator of Health Services

Phone: (864) 355-3171

E-mail Address: cstorey@sgreenville.k12.sc.us

Dates of Project: October 2006-Present

Services Provided: Greenville County School District has been a Medicaid Direct Billing Services client with Healthmaster since 2006. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

Comparable Projects

Below is a list of the three (3) most recent, comparable projects which have been performed by Healthmaster:

District Name: Anderson County School District 05, SC

Contact Person: Janis Bolden

Title: Nursing Coordinator

Phone: (864) 260-5000x10127

E-mail Address: janisbolden@anderson5.net

Date of Project: July 2015-Present

Services Provided: Anderson County School District 05 was brought on as a Medicaid Direct Billing Services client with Healthmaster since July of 2015. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

District Name: Collier County School District, FL

Contact Person: Eileen Vargo

Title: Health and Nursing Services Supervisor

Phone: (239) 377-0514

E-mail Address: vargoei@collierschools.com

Date of Project: July 2015-Present

Services Provided: Collier County School District was brought on as a Healthmaster client in July 2013. The project referenced is regarding an upgrade from their HealthOffice® Enterprise to HealthOffice® Anywhere software in addition to acquiring Medicaid Direct Billing Services in July 2015. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

District Name: Charleston County School District, SC

Contact Person: Sherry Huber

Title: Nurse Liaison

Phone: (843) 745-2178

E-mail Address: sherry_huber@charleston.k12.sc.us

Dates of Project: January 2017-Present

Services Provided: Charleston County School District has been a Medicaid Direct Billing Services client with Healthmaster since 2003 in relation to their Nursing Services. In January 2017, Charleston brought on their Special Education professionals to document through HealthOffice® Anywhere in addition to billing through Healthmaster's Medicaid Direct Billing Services. Healthmaster has provided a multitude of services for the district, including: database configuration which includes setting up the HealthOffice® Anywhere billing program, users, global templates, billing templates, on-site training, internet-based training, eLearning, extensive customized reporting and superior customer service and support.

Healthmaster Project Manager and Project Personnel

The Healthmaster project team assigned to BCSD is comprised of a manger/director level contact from each department needed to appropriately accomplish the implementation, configuration, and training of HealthOffice® Anywhere.

HEALTHMASTER PROJECT TEAM

Bob Read - Chief Operating Officer

Bob Read oversees all of Healthmaster's web services, software development, customer support and their respective personnel. He has extensive knowledge of school district operations and understands how to efficiently implement and deliver large-scale, web-based software solutions to meet the needs of healthcare professionals and administrators in the K-12 environment. Mr. Read has worked with schools, school districts, and state departments on many projects related to the development and delivery of solutions for documentation over the past 25 years.

Steven McGovern - Director of Technology

Steven McGovern joined Healthmaster in June 1997 as part of its programming staff, where he became a leader in software development and support services, and progressed to the head of development in 1999 and in September 2001, became the Director of Technology. Together with his staff, Mr. McGovern is responsible for all technical and customer support, Data Center Implementation and operational services, internal systems and equipment, and the management of the customer support department and staff. With regard to PowerSchool, many of Healthmaster's large scale implementations have included working with school district IT staff to securely import and export data between HealthOffice® Anywhere and the PowerSchool student information system.

He has over 25 years of experience in information technology and software development. Prior to joining Healthmaster, he led the information technology department for the administrative office and insurance billing division of NuVision Optical, a leading optical services and vision insurance provider, where he managed an electronic billing service interfacing with major insurance companies as well as state Medicaid programs in Michigan, New Jersey, Massachusetts and New York.

Debra Guyn - Implementation Manager

Debra Guyn is responsible for the over-all coordination with customers and internal Healthmaster staff in planning and executing the successful implementation of Healthmaster products. Her expertise lies in process improvement, training coordination, IT project management and customer relationships and retention. Debra has been the prime coordinator of Healthmaster's HealthOffice® Anywhere Web Services implementations and concentrates on maintaining excellent communications and relationships with all clients. Prior to joining Healthmaster, Debra held several positions with a specialization in the areas of accounting, project management and customer service. Debra attended Cleary College University and her goal is to foster an environment that values diversity and professionalism, while maintaining a dedicated focus on organizational effectiveness and customer service.

Crystal Kashat - Medicaid Support Representative

Crystal Kashat supports all Medicaid initiatives relating to billing, on-boarding, research, training and on-going development for all current and potential school districts and health departments in a multi-client, multi-state environment. Her goal is to maximize Medicaid reimbursement for each district and works closely with the Medicaid coordinator to ensure efficient, accurate, timely, automated determination of eligibility, timely filing and payment of claims and return of results for customer customers. Crystal has a Master's degree in Health Administration from the University of Detroit Mercy in Detroit, Michigan. She has worked at major health care insurance companies where her experience in provider relations and familiarity with CMS/Medicaid related requirements allows her to communicate effectively with external and internal staff to produce results and coordinate with various departments to reach organizational objectives and provide customer satisfaction.

Scott Warner - Director of Training

Alongside his staff, Scott Warner provides the on-site and Internet-based training. Scott joined Healthmaster in 1995, where he has conceived, developed and deployed training programs to service the needs of Healthmaster customers. He keeps Healthmaster training relevant to the needs of the customers by utilizing modern instructional design concepts and philosophies. Under Mr. Warner's leadership, Healthmaster provides comprehensive training options tailored to the individual needs of the customer, in several formats including, self-guided e-learning (HealthOffice Tutor), live Internet/virtual instruction, traditional onsite, train-the-trainer/subject matter expert programs and training reinforcement seminars as well as blended training models. Scott has 22 years of direct training experience with school nurses and senior school district employees. He has trained administrators and users for school districts throughout the United States, Great Britain, Italy, Germany and Japan. Prior to joining Healthmaster, Mr. Warner spent several years with a national computer retail organization as a Regional Training Manager. Scott has a M.Ed. degree in Education/Learning Design and Technology and a BA in Political Science and Public Relations both from Wayne State University in Detroit, Michigan. Scott is a member of the Association for Talent and Development (ATD) and the International Society for Performance Improvement (ISPI).

Transition Plan

Healthmaster has been successfully completing very large implementations, similar to Beaufort County School District, for many years. HealthOffice® Anywhere Medicaid customer implementation includes:

- ✓ Registration processing with DCHS
- ✓ Database configuration
- ✓ Import of student and staff information
- ✓ Setup of automatic nightly downloads from PowerSchool
- ✓ Medicaid billing-related information configuration
- ✓ Staff training

The implementation timeline is based on the availability of the District's users and staff. Typical implementation and rollout of this program may vary from a week to a maximum of four to six weeks. We have included the detailed steps to our implementation process below and will need further information to add a specific timeline that meets the District's requirements for each step in the process.

Healthmaster implementation projects are conducted using our five-phase implementation methodology. Our approach emphasizes early design validation to ensure that your Healthmaster solution achieves your desired objectives.

Phase One: Define

We kick-off implementation with a meeting of all parties. This is an Internet/Phone conference described as a "Project Definition Workshop". This meeting is facilitated by our Healthmaster Implementation Team and attended by your Nursing, Special Education, IT, Medicaid and administrative project team leaders. The project workshop approach facilitates collaboration among your key personnel and designs a game plan for a smooth implementation that ensures the highest degree of success.

The goal of the workshop is to clearly document the short and long-term objectives for your HealthOffice® Anywhere program and Medicaid Direct Billing Services objectives and align those objectives with your district's overall strategic plan for our product. Collectively, the workshop participants identify, review and define the requirements for your HealthOffice® Anywhere application and Medicaid set-up to provide you with the maximum value.

Phase Two: Design

During the Project Design phase, we use a facilitated workshop approach to determine all the necessary ingredients that are required to make the HealthOffice® Anywhere system work as effectively as possible for the District. These factors include, but are not limited to, integration with other systems, data definition and mapping, content, analysis tools and reporting. Upon completion of this phase, the project teams will have a working document that communicates the total project requirement.

Phase Three: Configuration

The objective of the Project Configuration phase is to construct a ready-to-use HealthOffice® Anywhere and Medicaid Direct Billing Services system that replicates all of the design features agreed to in Phase Two. Your database is tailored to address your specific data requirements and initial student data is entered. Interfaces from other software applications are mapped and system testing is performed to ensure that the individual components achieve the expected results.

Phase Four: Training

Below is the training method for the 47 Nursing professionals (RNs, LPNs & Health Aids), 94 Special Education professionals (Speech Language Therapists, Occupational Therapists, Physical Therapists, School Psychologists, Orientation & Mobility Therapists and Deaf & Vision itinerants) as part of our Cost Proposal:

A five (5) day, intensive, Train the Trainer Program for up to ten individuals selected by the district from its Nursing, Special Education and Administrative staff aimed at those with training responsibilities within the school district. The focus of our program is to create skilled instructors, to present our interactive training that will motivate participants to learn, to retain and to act on the subject matter and skills covered.

In addition to the forgoing training options, we will provide a district-wide license for Healthmaster's hosted, eLearning program for the nursing users, available 24/7 over the Internet. Healthmaster eLearning is a self-guided training platform where Users control their own training experience. This versatile system is typically used to help introduce and review the HealthOffice® Anywhere Suite of applications.

Healthmaster eLearning is "asynchronous" training. The user controls the pace of his or her learning. The eLearning program will show if a module of training is partially completed. At this point the user may continue or re-take any lesson in a module. All eLearning participants sign into a secured website that lists all HealthOffice training modules. Within each module are lessons. Each lesson covers a key topic within the module. Lessons are frequently updated or added based on the latest version of our products.

Phase Five: Deployment

Prior to the deployment of HealthOffice® Anywhere, members of the district's project team may perform user testing to ensure that their database meets all district requirements set forth in the RFP and achieves the predefined district objectives.

Product Launch

The product launch will include the verification that the system is accessible to the users and configured to the proper security requirements. The Healthmaster implementation team will work with the district to ensure that all HealthOffice user accounts are valid and working properly and that users can login to the part(s) of the application associated with their role (security) assignments.

Support

Healthmaster recognizes that you have a substantial investment in software, education, and training. It is Healthmaster's goal to provide our customers with excellent customer service.

Your implementation contact and training staff will review support procedures in addition to helping you set up an internal chain of command through which support-related issues can be channeled prior to contacting Healthmaster for assistance.

Healthmaster has committed to providing the most complete support solution by using tools to connect Healthmaster support technicians with your district users as needed. Our support staff are available to assist and to ensure that the needs of the district are met.

Other Information

Healthmaster is proposing its hosted, HealthOffice® Anywhere Web Services containing its suite of software applications together with its Medicaid billing/processing and implementation services as a comprehensive solution addressing all of the requirements set forth in the RFP.

HealthOffice® Anywhere

HealthOffice® Anywhere is a web-based suite of software applications containing a robust SQL database with optional, integrated modules for:

- Nursing Services
- Special Education Case Management including an integrated IEP writer
- Mental & Behavioral Health Case Management
- Risk Management
- Ad-hoc Reporting
- Data Warehousing
- And containing tightly-integrated, Medicaid billing documentation functionality in every module.

HealthOffice® Anywhere applications are provided as part of Healthmaster's hosted HealthOffice® Anywhere Web Services and are used throughout the school day to properly schedule, control, document and report detailed information about every student encounter with a healthcare professional.

HealthOffice® Anywhere applications provide scheduling, documenting, reporting and compliance functionality that equal or exceed all requirements of local, state and federal guidelines in a single, easy to use program and contain all of the components every school district must have in order to be accurate, compliant, secure, accountable and fiscally sound. HealthOffice® Anywhere is IDEA, FERPA and HIPAA Compliant.

Each individual user can only see those areas of the program that they have authorization to access. This provides a clean, clear interface without the confusion and clutter associated with unnecessary displays; users will not be aware of any part(s) of the program they won't be using.

All nursing services, special education therapy sessions and services, mental & behavioral services, testing and therapies, medical problems, diagnosis, scheduled or unscheduled encounters, medication dispensing as well as all necessary Medicaid or commercial insurance billing information are all entered and can be seen at a glance by an authorized user. Group or individual encounters, multiple types of notes, form and referral letters, health care plans, IEPs, student demographics, contact information, medical alerts, detailed immunization history (including evaluation of each vaccine by dose in accordance with your state's criteria) and numerous other features provide all of the features and functionality needed by the healthcare professional to perform all of the scheduling, documentation and reporting required by her or his job in a secure and professional manner in one integrated program.



Although HealthOffice® Anywhere includes hundreds of standard student and statistical reports, it can now be integrated with Healthmaster's robust, ad hoc reporting tool to provide unlimited, custom reports and data analysis capabilities that have been unavailable in the past; contributing to better student health outcomes, increased attendance and more efficient administration of the district's health resources.

The use of district-wide or individual templates allow quick, accurate documentation of the most common encounters and related Medicaid information, usually in less than a minute. HealthOffice® Anywhere completely eliminates the slow and tedious process of keeping and storing multiple records by hand or in multiple programs. It allows a user not only to retrieve records and produce reports at the touch of a button, but also to secure and store all student health records in a single, secure, comprehensive, Microsoft® SQL database housed on servers located at Healthmaster's contracted, independently audited data center. Our data center is SAS 70, SSAE 16, SOC, PCI and HIPAA compliant reflecting the highest standards in the industry. **We don't take chances by exposing our customers to serious penalties – our data center has been independently audited to be HIPAA compliant by a Certified HIPAA Practitioner (CHP) and Certified HIPAA Security Specialist (CHSS).**

We host HealthOffice® Anywhere in order to:

- Help our customers dramatically reduce costs by eliminating hardware, software and maintenance costs associated with their own IT departments and data centers;
- Reduce our customers operational risks by exceptional security systems and utilizing our data center's experienced staff and repeatable processes;
- Give our customers access to their data 24/7;
- Provide the safety of automatic backups and disaster-recovery;
- Provide automatic installation of software enhancements and updates

In short, we excel at managing your HealthOffice® Anywhere applications and data center infrastructure, servers and services so you can focus on providing health services to your students.

In addition to the security provided by our data center operations, the HealthOffice® Anywhere applications contain extensive security features that ensure users are allowed access to only those student records and specific parts of the records that are required by her or his position. A read-only Audit Log, attached as an integral part of each medical record, automatically records any changes made to the record to ensure the integrity of each record. An Access Log encompassing all students and all users, as well as a student-specific copy of the access log attached to each individual student's record, provides the information required by FERPA of recording all individuals accessing, creating, viewing or modifying any student record.

Using the integrated Medicaid claiming functionality:

- ✓ Medical diagnosis, procedure codes and other required information are recorded, automatically by the use of templates, or individually, as a part of documenting each encounter.

- ✓ Provides the ability to record the specific ICD-10 code at the time any scheduled nursing, special education or mental & behavioral health procedure is initially set up to ensure proper coding when the event is documented.
- ✓ All of the state-specific billing procedure codes and modifiers for each professional classification are recorded as part of the initial configuration and the software automatically restricts use of specific codes to each billing provider to her/his specific job position that was assigned as part of each user's initial set up.
- ✓ Provides the ability to record the professional license(s), including expirations dates, and qualifications of each user and notifies the user and her/his supervisor prior to license expiration.
- ✓ Keeps track of parent permissions and will not allow a claim to be submitted if the district does not have appropriate parent permission on file.
- ✓ Keeps track of LPHA referrals and will not allow a claim to be submitted if the district does not have appropriate referral for an IEP
- ✓ The system will not submit a Medicaid claim for a provider needing a supervisor's review of the documentation unless the approval is documented and attached as part of the event record.
- ✓ The system will not allow a claim to be submitted for any scheduled event where the student has been recorded as absent.
- ✓ Prior to transfer of billing information to Healthmaster's Medicaid claim processing service, the program verifies that the particular school was in session on the day of service, to better ensure the accuracy of each claim for purposes of submission and of audit.
- ✓ The system has been designed to import attendance data (absences) for each student and will, as part of a future enhancement, compare the date of service with student attendance to enhance the pre-audit of billing components. Attendance information, once imported, will also be able to be used in various reports.
- ✓ Claims can be easily batched and submitted to Healthmaster for processing in any manner desired: individually, by discipline or type, by provider, by school, by date range, etc.

PLEASE NOTE: By way of answer to our question, Healthmaster understands that BCSD is not utilizing an electronic IEP writer and the IEP information cannot be electronically imported. If that's the case, IEP information, including plans & services and referrals will have to be manually entered by the district into HealthOffice® Anywhere.

The HealthOffice® Anywhere billing functionality provides assurance, as much as possible, that:

- 1. a specific professional**
- 2. with a valid, current license**
- 3. provided specific, documented services authorized for that professional to provide**
- 4. to a specific Medicaid eligible student**
- 5. on a specific day that the school was in session**
- 6. where the student was not marked absent**
- 7. recording a valid ICD10 code and Medicaid procedure code authorized to be used by that professional**
- 8. containing, when necessary, a supervisor's approval and authorization,**
- 9. the district has the proper parental permission to bill on file, and**



HealthOffice® Anywhere can be configured to automatically import required data from the district's PowerSchool SIS (student information system) as well as student pictures and information from other related databases. The import of the required information from these systems can be scheduled within the HealthOffice® Anywhere program and automatically performed on a daily, weekly or monthly basis, as desired, to ensure that the self-contained HealthOffice® Anywhere database is kept up to date with all the latest student information. If SIF is operable in the district, data can be automatically and instantaneously imported into HealthOffice using the comprehensive HealthOffice Anywhere Schools Interoperability Framework (SIF) agent that is being developed by Mizuni, Inc. and can be purchased directly from Mizuni, a third party vendor; the SIF agent is not provided by Healthmaster. Backup of all data occurs automatically as part of Healthmaster Anywhere's web services as well as automatic installation of periodic updates and enhancements to the software and disaster-recovery of data, if needed.

Healthmaster Clearinghouse Services

Periodically, generally on a weekly basis, the data needed to determine Medicaid eligibility and to submit claims is automatically accumulated and batched by the district's Medicaid coordinator from the data in the HealthOffice database and is sent to Healthmaster's in-house HIPAA-compliant Claims And Remittance Entry (CARE) system. All of the costly, labor-intensive work of having the nurse or special education professional document twice (once for the student file and once to send to the Medicaid department or enter into an on-line system), the Medicaid department staff data-entering the information and the preparation of claims is completely eliminated.

From our secure facility, we electronically generate and process HIPAA-compliant transactions for Medicaid Eligibility Determination (HIPAA 270 – Eligibility Requests), record state-determined eligibility (HIPAA 271 – Eligibility Response), prepare and file the applicable claims (HIPAA 837 – Medicaid Claims Submission) and record and reconcile the district's remittance from the state Medicaid agency (HIPAA 835 – Medicaid Payment Remittance Advice). The check from the state Medicaid agency is sent directly to the school district.

In the event that a student's Medicaid eligibility is recorded in the state's Medicaid system two or three months after the date the services were provided, as long as the student was Medicaid eligible when the service was actually provided, at the time Healthmaster obtains the eligibility information, Medicaid will be properly billed. As long as the Nurses, Special Education and Mental & Behavioral health service providers and other healthcare providers properly document every student encounter, claims for all reimbursable services will be filed; the providers don't have to worry about who is and who is not Medicaid eligible. IF IT'S BILLABLE - IT WILL BE BILLED.

Once the submitted claims have been adjudicated by the state and the Medicaid HIPAA 835 remittance advice received, the information is processed in our CARE system and any denied claims are segregated for correction. All information relating to paid and denied claims is forwarded electronically by Healthmaster and imported into the district's HealthOffice® Anywhere database. The paid claims are automatically reflected as paid in the student's record and the denied claims are displayed, reflecting each denied claim and the reason for denial, enabling the appropriate person at the school district to quickly correct the claim or accept the denial.

All of this information is then incorporated into the student's record in the HealthOffice® Anywhere database; all corrected claims will automatically be resubmitted, together with new claims, in the next claims processing

cycle. The results of all Medicaid claiming activity is maintained in the district's HealthOffice® Anywhere database; comprehensive detailed and summary reports of all billing activity including student eligibility and claiming activity are available at all times to authorized District staff:

- ✓ By claim
- ✓ By student
- ✓ By DHHS check number
- ✓ By Provider
- ✓ By school
- ✓ By date range.

3.0.3 GENERAL SERVICE REQUIREMENTS

SCHOOL-BASED REHABILITATIVE THERAPY SERVICES, REHABILITATIVE BEHAVIORAL HEALTH SERVICES AND NURSING SERVICES FOR CHILDREN UNDER 21

- a.) *Provide Medicaid processing services under the terms and conditions specified in the District's contract with the SC Department of Health and Human Services.*

Healthmaster will provide the required services. Healthmaster is presently providing Medicaid processing services for 19 South Carolina school districts including Title V Medicaid processing services similar to the Beaufort County School District.

- b.) *Be able to interface with Power School, the student information system utilized by Beaufort County School District to include automatic or real time updates of current staff and students.*

HealthOffice® Anywhere can interface with PowerSchool to provide automatic updates of current staff and students. It provides this same ability with other South Carolina customers.

- c.) *Provide consultation services which shall consist of technical assistance on school-based services policy and procedures, onsite staff training and development, onsite records review for contractual and policy compliance and telephone availability of consultants. Technical assistance regarding prescription, evaluation, plan of care, progress notes, provider certification and other necessary documentation required for Medicaid billing, monitoring, auditing and state and federal laws.*

Healthmaster will provide consultation services consisting of technical assistance on school-based services policy and procedure, on-site staff training and development in accordance with the district's selection of training alternatives, onsite records review for contractual and policy compliance, as requested, and telephone availability of consultants. Healthmaster will also provide technical assistance regarding prescription, evaluation, plan of care, progress notes, provider certification and other necessary documentation required for Medicaid billing, monitoring, auditing and state and federal laws.

- d.) *Provide an implementation timeline, including rollover of student data and staff training.*

Healthmaster has provided an implementation timeline, including student data and staff training subject to the availability of district staffing as part of its response in Section 5: Transition Plan.

- e.) *Conduct the Medicaid Quality Assurance Review that is required under the District's Medicaid contract,*

and develop the Medicaid Quality Assurance Review Report that the District is required to submit to the State Department of Education.

Healthmaster will conduct the Medicaid Quality Assurance Review that is required under the District's Medicaid contract, and develop the Medicaid Quality Assurance Review Report that the District is required to submit to the State Department of Education.

- f.) Provide reports, at least quarterly, that summarize all claim lines entered, paid and rejected. The rejected claims must be resubmitted in a timely manner. The report will show which provider submitted claims by date during the quarter. A yearly report will also be provided.*

HealthOffice® Anywhere's Medicaid billing module contains comprehensive reports available at any time from the district's HealthOffice database that enables an authorized user to produce reports related to all Medicaid billing transactions that summarize all claim lines entered, paid and rejected. Reports of claiming results can also be sorted and produced:

- ✓ By claim
- ✓ By student
- ✓ By DHHS check number
- ✓ By Provider
- ✓ By school
- ✓ By date of service or date range

- g.) Provide review and revision, as needed, of current district specific internal processes, procedures and forms for ongoing identification of Medicaid-eligible children, documentation and tracking required to maintain a clean service delivery and billing audit trail with Medicaid policies and procedures.*

HealthOffice® Anywhere's Medicaid billing module contains comprehensive features for ongoing identification of Medicaid eligible children, with the documentation and tracking required to maintain a clean service delivery and billing audit trail in accordance with required Medicaid policies and procedures. Healthmaster will provide review and revision, as needed, of current district-specific internal processes, procedures and forms for ongoing identification of Medicaid eligible children, documentation and tracking required to maintain a clean delivery and billing audit trail with Medicaid policies and procedures.

- h.) Provide a system to identify Medicaid-eligible students using the most advanced electronic Medicaid eligibility verification methods available.*

Healthmaster submits Medicaid eligibility requests electronically utilizing HIPAA 270 eligibility request procedures identifying student Medicaid IDs, if known, or requesting eligibility information utilizing first name, last name, and date of birth (3-point match basis) for all students in the district on a monthly basis. When eligibility information is returned to Healthmaster in an electronic HIPAA 271 eligibility response, all students identified by their Medicaid ID are automatically updated in the HealthOffice® Anywhere reflecting their months of eligibility and all students identified with Medicaid IDs using the 3-point match basis are compared, on a point-by-point basis with the respective student information in the database. Students matching all 3 points exactly are recorded as Medicaid eligible with their returned Medicaid IDs. Students that were

partially matched (matching 1 or 2 of the criteria) are recorded in a 3-point match report reflecting the area of “mismatch”. Those students are reviewed by the district’s Medicaid coordinator for further action.

i.) Provide and implement standard documenting procedures for service providers.

HealthOffice® Anywhere contains state-of-the-art documenting ability in accordance with the policies and procedures of each of the respective healthcare professions and district protocols. HealthOffice® Anywhere also provides the ability to document using district-created templates ensuring consistent and accurate documentation across disciplines. The Medicaid billing module will not allow a claim to be processed that does not contain the required, pre-audited Medicaid information.

j.) Comply with all regulations in the SC Department of Health and Human Service Medicaid Provider/ Local Education Agency manual.

Healthmaster’s Medicaid billing services comply with all regulations in the SC Department of Health and Human Service Medicaid Provider/Local Education Agency manual.

k.) Provide technical assistance for monitoring visits implemented by the SC Department of Health and Human Services and the State Department of Education.

Healthmaster will provide technical assistance for monitoring visits implemented by the SC Department of Health and Human Services and the State Department of Education.

l.) Provide capabilities or reporting component to run detailed, accurate reports to the District as requested and include a service provider reporting component that will allow users to gather reports on data entered into the system that will correlate to the SC DHEC Nursing End of the Year Report and include reports that can be run daily showing all data entered in documentation.

HealthOffice® Anywhere has comprehensive reporting capabilities and the HealthOffice Medicaid module, in addition to its standard reports, has the availability of utilizing Healthmaster’s ad hoc reporting that will correlate to the SC DHEC Nursing End of the Year Report. All authorized users are able to generate reports authorized for such users on data entered into the system.

m.) Work with the SC Department of Health and Human Services and the District in obtaining rates to secure maximum reimbursements.

Healthmaster will work with the SC Department of Health and Human Services and the District in obtaining rates to secure maximum reimbursements.

n.) Provide an electronic documentation format for the service providers in the District using the most advanced methods available including electronic signature.

HealthOffice® Anywhere is the most advanced electronic documentation system for school health providers available anywhere. It is easy to use, comprehensive and exceeds documentation standards normally available to school health professionals. HealthOffice® Anywhere contains user-specific Dashboards allowing

professionals to see their daily schedules and other important information at a glance. By logging into the any module of the HealthOffice® Anywhere software application and changing the system's default password, the user is hereby acknowledging, consenting, and agreeing that all data entered and saved to the HealthOffice® Anywhere database while the user's login name is displayed as "Recorded by" will constitute their Electronic Signature and will have the same legal effect as if they had signed a paper copy of a document by hand and thereby attested to the validity and accuracy of its contents.

- o.) Handle claims resolutions through the development of a claiming process for students and services that satisfies state and federal requirements.*

Healthmaster has developed a claiming process for students and services that satisfies state and federal requirements. HealthOffice® Anywhere provides a claim documentation process that also satisfies state and federal requirements.

- p.) Comply with and keep apprised of current FERPA, HIPAA and confidentiality requirements by Medicaid and state and federal entities.*

Healthmaster's direct billing services comply with current FERPA and HIPAA confidentiality requirements by Medicaid and state and federal entities and Healthmaster keeps apprised of changes or additions to all such requirements. HealthOffice® Anywhere complies with all current FERPA requirements; confidentiality as well as all other reporting and data requirements.

- q.) Provide templates to document accurately, securely and efficiently, all services provided to include group screenings.*

HealthOffice® Anywhere provides templates to document accurately, securely and efficiently, all services provided and includes group screenings.

- r.) Provide access to edit documentation and access to student records.*

HealthOffice® Anywhere provides authorized users access to all authorized students' records and, depending on group and role permissions granted by the district, the ability to view, create, modify and/or delete information or documentation. Whenever a previously documented record or event is edited, the program automatically creates an Audit Log, attached to the record that was edited, displaying the date, time, user editing the record, the specific field or fields edited, what they contained prior to editing and what they contain after editing. In this way, the integrity of the entire record is maintained.

- s.) Provide documentation components required by state and federal law for school- based services (i.e. controlled medication counts, medication logs, and individual health plans (IHP), form letters and referral letters to include tracking mechanism components, daily logs of student encounters and daily items logged.)*

HealthOffice® Anywhere provides all components required by state and federal law for school-based services as well as components not required by law, but an integral part of an efficient, modern electronic medical system, including:

- ✓ inventories of controlled medication
- ✓ controlled medication counts per prescription automatically adjusting for medications dispensed

- ✓ logs of medication scheduled, administered and/or missed and documentation of all missed administrations with the reason missed
- ✓ individual health plans (IHP) as well as templates for creating health plans
- ✓ form and referral letters with tracking of outstanding or overdue letters
- ✓ daily logs of all student encounters
- ✓ daily items logged appear on each user's dashboard and can be printed

t.) Provide ability for users to schedule future items, appointments and set reminders.

HealthOffice® Anywhere provides the ability for users to schedule future items, appointments and set reminders.

u.) Provide secure electronic medical records to reduce liability for individual users and District.

HealthOffice® Anywhere provides secure electronic medical records to reduce liability of individual users and the district.

- ✓ Each user has her/his unique password known only to the user and the ability to change the password at any time so no one else can document under a user's name
- ✓ Only authorized users with authorized passwords can log into the system
- ✓ Whenever a previously documented record or event is edited, the program automatically creates an Audit Log, attached to the record that was edited, displaying the date, time, user editing the record, the specific field or fields edited, what they contained prior to editing and what they contain after editing. In this way, no one can alter another user's documentation and the integrity of the entire record is maintained.
- ✓ Extensive security is provided by Group permissions based on "Roles" and further limited by individual permissions as to the screens, the students and the reports an individual user can access.
- ✓ The Administrator can suspend all access to the program to any user at any time.

HealthOffice® Anywhere Management Security

Healthmaster utilizes an off-site, highly secure, Managed Data Center to house its HealthOffice® Anywhere customer databases and processing that includes several layers of security to help protect customer information and yet assure customer access to their information 24/7.

Layer 1: Premises Security and Procedures – The Managed Data Center housing HealthOffice® Anywhere is a SAS 70 Type II, SSAE 16, SOC, PCI and HIPAA compliant, certified location reflecting the highest standards in the industry. Our Managed Data Center has been independently audited to be HIPAA compliant by a Certified HIPAA Practitioner (CHP) and Certified HIPAA Security Specialist (CHSS). This means that it has demonstrated strong controls and safeguards when hosting or processing data belonging to customers.

Layer 2: Database and Application Server Security – All HealthOffice® Anywhere servers are domain controlled and utilize security strategies to best protect the servers and the customer data housed on those servers i.e. 20+ character passwords, audited enabled SQL servers, login audit enabled servers, access prevention for foreign documents and programs and other additional security controls.

Layer 3: Software Security – HealthOffice® Anywhere provides a user interface layer of security that protects the customer data. The software utilizes multi-layer security within the application in order to restrict users from access to information within the customer data set. The application also maintains an Access Log of all users who login and view or change information in the system.

Layer 4: Healthmaster restricted access – Healthmaster restricts access to the Managed Data Center to only those Healthmaster Technical and Customer Support staff necessary to fulfill its obligations to its customers. All Healthmaster employees sign Confidentiality Agreements upon joining Healthmaster acknowledging that any information they may acquire relating to customer's students may involve a number of federal laws that impose confidentiality of such information and all employees agree to keep all customer student information that they have knowledge of or access to strictly confidential and not disclose, reproduce, or deliver, directly or indirectly, any of such confidential information at any time either during or subsequent to their employment at Healthmaster.

Layer 5: Managed backup & Disaster Recovery – With fully managed backup, Healthmaster's off-site Managed Data Center takes over the responsibility for backing up and archiving your data. Managed backup works by using a software client installed on each server. Each night data is encrypted and compressed on the volume(s) to be backed up, and sent to the backup server. Your data never leaves the server until it's encrypted, and no tapes are involved, eliminating the risk of tape loss, and restoration complications.

Layer 6: High availability – Healthmaster's Managed Data Center offers the infrastructure and procedures to ensure a high level of availability by ensuring power and network connectivity are provided with a very low chance of interruption. This is accomplished by setting up an environment that includes no single points of failure. If one aspect of the architecture were to fail, there is an additional connection in place to be used, and therefore no disruption to the accessibility of the server; multiple things must go wrong in order for a server to lose availability greatly decreasing the chances of downtime. On the power side, there are two separate, independent power runs from the server to the utility power source and backup generators are in place to deliver power to two separate power supplies on the server. On the network side, two core routers are fed from multiple Internet Service Providers and cross-messed between both routers and network access switches. Network connections have multiple entry points to the data center and that each ISP is on a separate fiber to further mitigate the risk of downtime and ensuring reliable access to both power and internet connectivity.

As you can see, Healthmaster, together with its Managed Data Center, provides the security and reliability you need to protect your data and access it 24/7.

- v.) *Provide a system of identification of students through demographic student data (i.e. teacher name, grade, medical alerts and photograph) on documentation screen.*

HealthOffice® Anywhere provides a system of identification of students through demographic student data (i.e. teacher name, grade, medical alerts and photograph) on every documentation screen.

- w.) *Provide user's ability to access multiple student records simultaneously for documentation, with appropriate safeguards.*

Users can access a student's record and record multiple encounters with multiple students without closing the current record being documented. If a record has not been saved to the database and closed, or if the system loses power in the middle of documenting, when power is restored, the event will appear on the user's dashboard as a "Pending Item". The user can complete documentation when appropriate; it stays as a Pending Item until closed or cancelled.

x.) Provide system reporting/logins for nurse substitutes or other school personnel.

HealthOffice® Anywhere's pricing is based on concurrent users – a District can have any amount of logins for the system, which would allow for substitutes or other school personnel to have access. System reporting can be made available to these users dependent on how BCSD provides individual role access within the system.

y.) Provide documentation portal for personal encrypted password- protected private notes to afford maximum security and privacy, not to be accessible from student record or by user other than original author of the private note.

HealthOffice® Anywhere provides the ability of a user to create a personal, encrypted, pass-word protected Private Note only accessible by the user who created it and then only when the special password given to that specific note is entered. If the password is forgotten, the note will never be accessible.

z.) Provide administrators with capability to monitor student records for accuracy and quality improvement.

Administrators with proper authorization can monitor any and all student records within their authorization permissions in a number of ways including monitoring all or a portion of a particular provider's documented events.

aa.) Provide immunization record component with capability of storing immunization information in each student's record that is accessible by nursing and transferred electronically to any school in our district. Interface with SCIAPPS, South Carolina Immunization Registry Program is requested.

HealthOffice® Anywhere provides a component that documents, stores and evaluates each individual dose of every required immunization by the state and displays whether the particular dose is valid (if not, the reason it is invalid) and if the proper number of vaccine doses have been given and the vaccine series is Compliant, Complete or Delinquent in accordance with South Carolina rules. The immunization information is made accessible by nursing and transferred electronically to any school in BCSD. BCSD will be able to download immunization information from the South Carolina Immunization Registry Program (SCIAPPS) via a direct link between HealthOffice® Anywhere and SCIAPPS.

bb.) Provide a program capable of archiving students withdrawn and transferred from data population, allowing access to the student's record.

Students can be classified as "graduate" or "transferred" and removed from the active list of students in the district while, even when so classified, the student file can be access as needed. In the event a transferred student returns to the district, his file can be retrieved and reactivated as appropriate.

cc.) Provide back up and disaster recovery plan, to include archived files and accessible raw data.

Back up of the district's entire HealthOffice database, active and archived records and all raw data occurs nightly and is the responsibility of Healthmaster's Managed Data Center along with all Disaster Recovery procedures. **Managed Backup & Disaster Recovery** – With fully managed backup, Healthmaster's off-site Managed Data Center takes over the responsibility for backing up and archiving your data. Managed backup works by using a software client installed on each server. Each night data is encrypted and compressed on the volume(s) to be backed up and sent to the backup server. Your data never leaves the server until it's encrypted, and no tapes are involved, eliminating the risk of tape loss, and restoration complications.

dd.) Provide an operational plan for use during network outages.

In the event of a network outage, all open documentation is saved for each user on her/his dashboard as a Pending Item and is available when the network is restored. During an outage, electronic documentation is not available. Users should manually record events on paper for later entry into HealthOffice when the network is restored.

Include a statement setting forth the offeror's availability to begin and perform the work.

Healthmaster is available to begin and perform the work required by this RFP as soon as it is awarded to Healthmaster and a contract with the district has been signed.



Financial Stability

Healthmaster Holdings LLC (Healthmaster) is a privately held Michigan limited liability company and does not release its financial statements in an RFP process. Healthmaster considers its financial information to be proprietary and highly confidential information.

Healthmaster has been in business continually for over 27 years, has installed and supported its software in over 1,000 school districts, and is more than adequately capitalized to fund its aggressive schedule of improvements to the HealthOffice® Anywhere software, its related web services, its Medicaid billing module and its Medicaid Clearinghouse/Processing service. Healthmaster will provide banking and other references, if deemed necessary, by the District. If Healthmaster is awarded the bid, it will provide other reasonable financial information to the District, upon its request, to evidence Healthmaster's ability to perform.

Costs

Cost is broken down for each year below – implementation and the initial training occurs only during the first year; standard pricing and details related to each line item for the remaining four years are located below Year 1.

Year 1

Product Name	Quantity	Individual Cost	Total Cost
HealthOffice® Anywhere Nursing Services – Annual User Subscription	47	\$750.00	\$35,250.00
HealthOffice® Anywhere Special Education Services – Annual User Subscription	94	\$400.00	\$37,600.00
HealthOffice® Anywhere Implementation Set Up Fee	141	\$100.00	\$14,100.00
HealthOffice® Tutor (eLearning) – Annual Subscription Standard License Rate	1	\$5,000.00	\$5,000.00
Train-the-Trainer On- Site Training (5 consecutive days): Nursing	1	\$7,500.00	\$7,500.00
Train-the-Trainer On- Site Training (5 consecutive days): Special Education	1	\$7,500.00	\$7,500.00
Training Out-of- Pocket Expenses	TBD	TBD	TBD

Year 1 Total Cost: \$106,950.00

Remaining 4-Year Contract

Product Name	Quantity	Individual Cost	Total Cost
HealthOffice® Anywhere Nursing Services – Annual User Subscription	47	\$750.00	\$35,250.00
HealthOffice® Anywhere Special Education Services – Annual User Subscription	94	\$400.00	\$37,600.00
Recommended - Optional HealthOffice® Tutor (eLearning) – Annual Subscription Standard License Rate (50)	1	\$5,000.00	\$5,000.00

Ongoing Years Total Cost: \$77,850.00

Line Item Details

HealthOffice® Anywhere – Annual User Subscription:

The subscription pricing model for HealthOffice® Anywhere is directly related to its concurrent users (the amount of users that need to be logged in at the exact same time).

Terms & Conditions:

Means the Online, Hosted, HealthOffice® Anywhere Master Web Services ("Services") including the HealthOffice® Anywhere Nursing and Special Education Services Module software application, associated offline components and Healthmaster's support services all of which are subject to the terms and conditions of the HealthOffice® Anywhere Master Web Services Agreement that is required to be accepted to access the Service. The Service provides the number and type of User subscriptions for a 12-month period commencing upon receipt of customer's Purchase Order or receipt of this Sales Quote executed by customer. HealthOffice® Anywhere User subscriptions automatically renew for additional periods of one (1) year unless Healthmaster is given written notice of termination at least 60 days prior to the end of the then current period. No terms or conditions of customer's Purchase Order will add to or change any portion of this sales quote or the HealthOffice® Anywhere Master Web Services Agreement.

HealthOffice® Tutor (eLearning) – Annual Subscription – Standard License Rate:

Terms & Conditions:

HealthOffice® Tutor is a hosted, eLearning, self-guided training platform for the particular HealthOffice® Anywhere Module purchased. It is training for a particular Module of the HealthOffice® Anywhere Suite taken anytime, anywhere. Each named user may access the HealthOffice® Tutor learning modules 24/7 from any PC that meets the minimum system requirements. Each named user has unlimited access to the modules that were purchased. New modules may be added to the interface as well as current modules enhanced throughout the contract term, as part as the annual license agreement. HealthOffice® Tutor provides the number and type of User subscriptions for a 12-month period commencing upon receipt of customer's Purchase Order or receipt of

this Sales Quote executed by customer. HealthOffice® Tutor subscriptions automatically renew for additional periods of one (1) year unless Healthmaster is given written notice of termination at least 60 days prior to the end of the then current period.

HealthOffice® Anywhere Implementation Set Up Fee:

The fee for implementation offsets the upfront work that is required for our staff. This fee will only be included for Year 1.

Terms & Conditions:

The HealthOffice® Anywhere Implementation Set Up provides the services for account set-up, initial database creation and configuration, implementation assistance with the ASCII file data import setup, database updates to the latest version of HealthOffice® Anywhere (if necessary), and assisting with the initial software configuration process. The setup fee does not cover custom school, security or administrative features and configuration or services of data conversions or data migrations.

Train-the-Trainer On-Site Training – (5 Consecutive Days)

A five (5) day, intensive, Train-the-Trainer Program for up to ten individuals selected by the district from its Nursing, Special Education and Administrative staff aimed at those with training responsibilities within the school district. The focus of our program is to create skilled instructors, to present our interactive training that will motivate participants to learn, to retain and to act on the subject matter and skills covered.

Terms & Conditions:

TTT5DAY - Healthmaster On-Site Train-the Trainer Training is a five-day training. The Train-the-Trainer quote does not include out-of-pocket expenses related to the training. These expenses are the responsibility of the customer. A separate invoice for the actual out-of-pocket expenses will be sent when they are ascertained.

Qualifications

Submit the following information or documentation for you and for any subcontractor (at any tier level) that you identify pursuant to the clause titled Subcontractor – Identification. Err on the side of inclusion. You represent that the information provided is complete.

Proposers must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be on a separate sheet marked “Exceptions” and clearly detailed in proposer’s response.

a) The general history and experience of the business in providing work of similar size and scope. Five (5) year minimum.

General history and experiences of Healthmaster in providing work of similar size and scope is located in Section 2: Executive Summary.

b) Information reflecting the current financial position. Include the most current audited financial statement and audited financial statements for the last three (3) fiscal years.

Healthmaster’s financial information can be found in Section 7: Financial Stability.

c) A detailed, narrative statement listing the three (3) most recent, comparable contracts (including contact information) which have been performed.

A detailed, narrative statement listing the three (3) most recent, comparable contracts which have been performed can be found in Section 3: Healthmaster Experience and Capabilities.

d) A list of similar projects for which Offeror has performed, at any time during the past three (3) years, services substantially similar to those sought with this solicitation. Err on the side of inclusion; by submitting an Offer, Offeror represents that the list is complete. School District experience is desired.

Please refer to Section 3: Healthmaster Experience and Capabilities.

e) Must have a clear understanding of industry standards and best practices.

Proof that Healthmaster has a clear understanding of industry standards and best practices can be found in Section 2: Executive Summary.

f) Offeror shall provide with their proposal copies of all appropriate certifications, licenses and permits, as well as evidence to support the documentation.

N/A

g) Must have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of South Carolina, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the District shall be followed with respect to the contract.

Healthmaster has knowledge of and complies with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations.

h) Must have the capacity to acquire all bonds, escrows or insurance as outlined in the terms of this RFP.

Healthmaster has the capacity to acquire all bonds, escrows or insurance as outlined in the terms of this RFP.

i) List of failed projects, suspensions, debarments, and significant litigation.

None.

j) List of at least five (5) references of similar projects for these services.

A list of five (5) references of similar projects for these services can be located in Section 3: Bidder Experience and Capabilities.

BIDDING SCHEDULE / PRICE BUSINESS PROPOSAL:

For direct billing services, Percentage (%) rate per claim line paid by Medicaid:

5%

If sub-divided:

Nursing Services:

Direct billing services, Percentage (%) rate per claim line paid by Medicaid:

Rehabilitative Services:

Direct billing services, Percentage

Business Utilization Report

In order to facilitate an effective monitoring system, each contractor, bidder or offeror must submit a completed and signed Utilization Report with the bid submission which lists the names, addresses and contact persons of the M/WBE and majority owned businesses, if any, to be used in the contract, the type of work each business will perform, the dollar value of the work and the scope of work. The Utilization Report submitted by the contractor shall be submitted as a part of the contract with BCSD. If the information contained in the Contractor's Utilization Report changes by the time the contract is executed, the Contractor shall amend the Utilization Report and such amended Utilization Report shall be incorporated into the contract.

Business Enterprise Utilization Report

List all vendors/subcontractors to be used on this project. All MBEs or WBEs proposed for utilization on this project must be certified by the Small and Minority Business Assistance Office through the State of South Carolina according to the criteria of the Beaufort County School District's Minority Business Enterprise Plan prior to utilization on this project.

In column 2 below, please specify ethnic/racial/gender group as follows:


- AABE – African-American Business Enterprise
- HBE – Hispanic Business Enterprise
- ABE – Asian-American Business Enterprise
- WBE – Woman Business Enterprise

<u>Sub-Contractor Name</u>	<u>Gender Group</u>	<u>Address</u>	<u>Phone #</u>	<u>Other</u>	<u>E-Mail</u>
Not Applicable Healthmaster does not intend to use subcontractors					



Statement of Intent

We, the undersigned have prepared and submitted all the documents required for this project. We have prepared these documents with a full understanding of the Beaufort County School District's goal to ensure equal opportunities in the proposed work to be undertaken in performance of this project. Specifically the BCSD seeks to encourage and promote on an inclusionary basis contracting opportunities without regard to the race, gender, national origin or ethnicity of the ownership or management of any business and that it is an equal opportunity employer and contracting entity. We certify that the representations contained in the Minority/Woman Business Enterprise (M/WBE) Utilization Report, which we have submitted with this solicitation, are true and correct as of this date. We commit to undertake this contract with the Minority/Woman Business utilization Report we have submitted, and to comply with all non-discrimination provisions of the Minority/Woman Business Enterprise Program in the performance of this contract.



Signature

11-21-2017

Date

Name: Frederic A. Smith, Esq.

Title: Chief Legal Officer

Project: Medicaid Direct Billing Services - RFP - 18-014



Exceptions to Terms and Conditions

NAME OF FIRM/OFFEROR: HEALTHMASTER HOLDINGS LLC

Healthmaster has attached to these Exceptions its HealthOffice® Anywhere Master Web Services Agreement ("Web Services Agreement"), which provisions will govern the contract between the parties. In the event of a conflict, the Web Services Agreement will control over conflicting provisions of the proposed contract. Healthmaster's specific exceptions to Section 7 (Terms and Conditions) of the RFP are as follows:

1. Regarding Section 7.0.4(a), the Web Services Agreement shall be added to the list of documents which comprise the contract between the parties. The Web Services Agreement shall also be included in the list of documents that shall apply to the Contract notwithstanding any additional or different terms and conditions in any other document.
2. Regarding Section 7.0.12(f), both parties shall retain all of their common law, equitable and statutory rights of set-off.
3. Regarding Section 7.1.12(c), the liability limitation in the Web Services Agreement (Section 9.1) as between the parties, shall control over this provision.
4. Regarding Section 7.1.19, no bond shall be required for this project from Healthmaster.
5. Regarding Section 7.1.25, all users of HealthOffice® Anywhere will have to agree to the use of electronic signatures for all documentation in HealthOffice® Anywhere.

Services Provided

The parties will acknowledge that Healthmaster is providing services and not goods in performance of the proposed contract. District will not obtain any right, title or interest in or to HealthOffice® Anywhere or any of its modules, eLearning product or any other service provided to the District.



Healthmaster Holdings LLC

HealthOffice® Anywhere Master Web Services Agreement

PLEASE READ THESE TERMS AND CONDITIONS VERY CAREFULLY BEFORE USING HEALTHMASTER HOLDINGS LLC HEALTHOFFICE WEB SERVICES.

THIS AGREEMENT STATES THE TERMS AND CONDITIONS UPON WHICH HEALTHMASTER HOLDINGS LLC OFFERS TO ALLOW YOU ACCESS AND USE OF ITS HEALTHOFFICE WEB SERVICES.

BY ACCEPTING THIS AGREEMENT, EITHER BY CLICKING A BOX INDICATING YOUR ACCEPTANCE OR BY USING THE SERVICES OR BY EXECUTING AN ORDER FORM THAT REFERENCES THIS AGREEMENT, YOU ARE AGREEING TO BECOME BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT.

IF YOU ARE ENTERING INTO THIS AGREEMENT ON BEHALF OF A SCHOOL DISTRICT, COMPANY, OR OTHER LEGAL ENTITY, YOU REPRESENT THAT YOU HAVE THE AUTHORITY TO BIND SUCH ENTITY AND ITS AFFILIATES TO THE TERMS AND CONDITIONS OF THIS AGREEMENT IN WHICH CASE THE TERMS "YOU" OR "YOUR" SHALL REFER TO SUCH ENTITY. IF YOU DO NOT HAVE SUCH AUTHORITY, YOU MUST NOT ACCEPT THIS AGREEMENT ON BEHALF OF SUCH ENTITY, YOU MUST NOT ACCEPT THIS AGREEMENT AND MAY NOT USE THE SERVICES.

IF YOU DO NOT AGREE TO AND ACCEPT THE TERMS AND CONDITIONS OF THIS AGREEMENT, PLEASE PRESS THE "NO" BUTTON AND CLOSE YOUR BROWSER TO EXIT THIS PROGRAM SINCE HEALTHMASTER IS UNWILLING TO ALLOW YOU TO ACCESS AND/OR TO USE THE SERVICES OR ITS RELATED SOFTWARE APPLICATION(S). BY CLICKING "I AGREE" AND/OR USING HEALTHMASTER'S HEALTHOFFICE WEB SERVICES, YOU AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS OF THIS HEALTHOFFICE MASTER WEB SERVICES AGREEMENT

You may not access the Services if You are a direct competitor of Healthmaster, except with Healthmaster's prior written consent signed by its Chief Executive Officer. In addition, You may not access the Services for purposes of monitoring their availability, performance or functionality, or for any other benchmarking or competitive purposes.

This HealthOffice Anywhere Master Web Services Agreement (Agreement) is by and between Healthmaster Holdings LLC (Healthmaster), with offices at 2655 Oakley Park Road, Suite 100, Walled Lake, MI 48390 and the school district, local education agency (LEA), individual, corporation, partnership, association, joint-stock company, trust, unincorporated organization, or government or political subdivision which is utilizing Healthmaster's application hosting, or other services provided hereunder ("You"). In consideration of the mutual promises, covenants and agreements hereinafter set forth, Healthmaster and You agree as follows:

1. Definitions.

"Your Data" means all electronic data or information submitted by You or Your Users to the Service.

"Ordering Documents" means the Healthmaster Sales Quote (Quote) and, if provided, Your related purchase order (P.O.) representing the initial purchase of the Service as well as any subsequent Quotes and related P.O.s related to the Service agreed to between the parties in writing from time to time, which are hereby deemed incorporated into the Ordering Documents from time to time and that specify, among other things, the particular modules ordered, the number of subscriptions ordered, type of subscription, the subscription term and the applicable fees.

"Service" means collectively the online, hosted, HealthOffice Anywhere service(s), including access to the applicable modules of the HealthOffice Anywhere software applications, set forth in the Ordering Documents and any associated offline components provided by Healthmaster via designated websites and Healthmaster's telephone support services.

"Affiliate" means any entity which directly or indirectly controls, is controlled by, has an exclusive health records processing agreement (e.g. Charter Schools) subject to Your control or is under common control with the subject entity.

"User Guide" means the online user guide for the Service, accessible as part of the applicable modules of the HealthOffice Anywhere software application and/or a website designated by Healthmaster, as updated from time to time.

"Users" means Your employees, consultants, contractors or agents who are authorized to use the Service and have been supplied user identifications and passwords by You (or by Healthmaster at Your request).

"Portal User" means the parents, legal guardians and legal representatives of Your students who register and utilize the HealthOffice Portal (Portal). Portal User may also include a student of Yours who is 18 years or older and who utilizes the Portal. You may authorize other individuals to have access to certain features of the Portal who will then become Portal Users. The HealthOffice Portal Mobile Application (App) is a free download, but can be used only if You have subscribed to the Portal in the Ordering Documents.

"Concurrent Users" means the maximum number of Users (specifically excluding Portal Users) that can login and use the Service to access a particular HealthOffice Anywhere software application at the same time. The Ordering Documents will specify the particular software application(s) and the number of Concurrent Users.

2. Service.

2.1 Provision of Service. Healthmaster shall make the Service available to You pursuant to the terms and conditions set forth in this Agreement and any and all Ordering Documents executed hereunder from time to time. During the term of this Agreement, (i) the Service shall perform materially in accordance with the User Guide, and (ii) the functionality of the Service will not be materially decreased from that available as of the Effective Date. You agree that Your purchase of subscriptions is not contingent upon the delivery of any future functionality or features nor is it dependent upon any oral or written public comments made by Healthmaster with respect to future functionality or features.

2.2 Increasing the number of Concurrent Users. User subscriptions are for a specific number of Concurrent Users. You can assign an unlimited number of Users to use the Service but User access to the Service at any given time is limited to the number of Concurrent Users.

Unless otherwise specified in the relevant Ordering Documents (i) any increase in the number of Concurrent Users shall be coterminous with the expiration of the then current subscription term; and (ii) pricing for the additional Concurrent Users subscriptions shall be at the list price in effect at the time of ordering such additional subscriptions, prorated for the remainder of the then current subscription term.

3. Use of the Service.

3.1 Healthmaster Responsibilities. Healthmaster shall, in a commercially reasonable manner: (i) in addition to its confidentiality obligations under Section 6, not edit or disclose Your Data to any party other than You or at Your written direction; (ii) maintain the security and integrity of the Service and Your Data; and (iii) make the Service generally available 24 hours a day, 7 days a week, except for: (a) planned downtime (of which Healthmaster shall give at least 8 hours' notice via the Service and which Healthmaster shall schedule to the extent reasonably practicable during the weekend hours from 6:00 p.m. EST Friday to 3:00 a.m. EST Monday); or (b) any unavailability caused by circumstances beyond Healthmaster's reasonable control, including without limitation, events of force majeure and acts of God, acts of government, flood, fire, earthquakes, civil unrest, acts of war, terror, strikes or labor problems (other than those involving Healthmaster employees), customer environment issues affecting connectivity or interface with the Services including, without limitation computer hardware and third-party software configurations, telecommunications connections, Internet service provider or hosting facility failures or other delays and failures not within Healthmaster's possession or reasonable control, and network intrusions, viruses, malware or denial of service attacks.

3.2 Your Responsibilities. You are responsible for all activities that occur under Your User accounts. You shall: (i) have sole responsibility for the accuracy, quality, integrity, legality, reliability, and appropriateness of all Your Data; (ii) use commercially reasonable efforts to prevent unauthorized access to, or use of, the Service, and notify Healthmaster promptly of any such unauthorized use; and (iii) comply with all applicable local, state, federal, and foreign laws in using the Service, including FERPA and HIPAA, as applicable, and, if using the Service outside of the United States, not use the Service in a manner that would violate any federal or state laws of the United States if conducted therein. Additionally, You are responsible for the timely cooperation of Your Information Technology (IT) department in providing information, data transfers, access and priority status necessary to keep Your database current and for the Service to operate at acceptable performance levels for Your Users.

3.3 Standard User Support. We include Standard User support (Support) at no charge. Support provides assistance to Users during Our regular office hours (Monday through Friday 7:00 a.m. to 6:00 p.m. Eastern Time) relating to the use and functionality of the applicable HealthOffice Anywhere software applications, set forth in the Ordering Documents.

3.4 Portal User Support. You are responsible to support Portal Users in registering for and use of the Portal and App.

3.5 Use Guidelines. You shall use the Service solely for Your internal business purposes as contemplated by this Agreement and shall not: (i) license, sublicense, sell, resell, rent, lease, transfer, assign, distribute, time share or otherwise commercially exploit or make the Service available to any third party, other than as contemplated by this Agreement; (ii) send spam or otherwise duplicative or unsolicited messages in violation of applicable laws; (iii) send or store infringing, obscene, threatening, libelous, or otherwise unlawful or tortious material, including material harmful to children or violative of third party privacy rights; (iv) send or store material containing software viruses, worms, Trojan horses or other harmful computer code, files, scripts,

agents or programs; (v) interfere with or disrupt the integrity or performance of the Service or the data contained therein; or (vi) attempt to gain unauthorized access to the Service or its related systems or networks

3.6 Third-Party Providers. Certain third-party providers, some of which may be listed on pages within Healthmaster's website, offer or may offer products and services related to the Service, including Student Interoperability Framework (SIF) agents, implementation, training and other consulting services related to Your use of the Service and applications (both offline and online) that work in conjunction with the Service, such as by exchanging data with the Service or by offering additional functionality within the user interface of the Service through use of the Service's application programming interface.

In the event You purchase any products or services from third-party providers, Healthmaster does not warrant or support any of their products or services, whether or not such products or services are designated by Healthmaster as "certified," "validated" or otherwise. Any exchange of data or other interaction between You and a third-party provider, and any purchase by You of any product or service offered by such third-party provider, is solely between You and such third-party provider. In addition, from time to time, certain additional functionality (not defined as part of the Service) may be offered by Healthmaster to You, for an additional fee, pursuant to terms specified by Healthmaster or a third party licensor and agreed to by You in connection with a separate purchase by You of such additional functionality. Your use of any such additional functionality shall be governed by such terms, which shall prevail in the event of any inconsistency with the terms of this Agreement. No purchase of non-Healthmaster products and services is required to use the Service except a supported computing device, operating system, web browser and Internet connection.

4. Fees & Payment.

4.1 User Fees. You shall pay all fees specified in the Ordering Documents hereunder on an annual basis, in advance. Except as otherwise provided, all fees are quoted in United States dollars. Depending upon the modules to be utilized by You as set forth in the Ordering Documents, fees may be based on the number of Concurrent Users subscriptions, number of students and/or other criteria set forth in the relevant Ordering Documents, not the extent of actual usage. Except as otherwise provided, fees are non-refundable, and the number of subscriptions purchased cannot be decreased during the relevant subscription term stated on the Ordering Documents. Because fees are based on annual units, fees for additional subscriptions purchased during the subscription term, will be charged on a pro-rata basis (number of months remaining in the subscription term divided by the total months in the subscription term) beginning in the monthly period they are ordered, irrespective of which day of the month they are ordered, in full for the month ordered and going forward based on the number of monthly periods remaining in the subscription term.

4.2 Invoicing & Payment. Fees for the Service will be invoiced in advance except as otherwise set forth in the relevant Ordering Documents. Unless otherwise stated in the Ordering Documents, all fees are due prior to the start of the new subscription year. Unless otherwise stated in the Ordering Documents, all payments made under this Agreement shall be in United States dollars.

4.3 Overdue Charges. If any fees are not received from You by the due date, then at Our discretion, We may condition future subscription renewals and Ordering Documents on payment terms shorter than those specified in Section 4.2, above.

4.4 Suspension of Service. If Your account is 30 days or more overdue (except with respect to charges then under reasonable and good faith dispute), in addition to any of its other rights or remedies, Healthmaster reserves the right to suspend the Service provided to You, without liability to You, until such amounts are paid in full. We will not exercise Our rights under this Section 4.4 or Section 4.3, above, if You are disputing the applicable charges reasonably and in good faith and are cooperating diligently to resolve the dispute.

4.5 Taxes. You have the obligation to provide Healthmaster with evidence of a valid tax exemption from the appropriate taxing authority, if applicable. Unless otherwise stated in the Ordering Documents, Healthmaster's fees do not include any local, state, federal or foreign taxes, levies, business licenses or duties of any nature ("Taxes"). You are responsible for paying all Taxes, excluding only taxes based on Healthmaster's income. If Healthmaster has the legal obligation to pay or collect Taxes for which You are responsible under this section, the appropriate amount shall be invoiced to and paid by You.

4.6 Billing and Contact Information. You shall provide us with Your complete and accurate billing and contact information related to the Service.

5. Proprietary Rights.

5.1 Reservation of Rights. You acknowledge that in providing the Service, Healthmaster utilizes (i) the Healthmaster and HealthOffice name, the Healthmaster logo, the Healthmaster.com domain name, the product and service names associated with the Service, including, but not limited to HealthOffice Anywhere application software, and other trademarks and service marks; (ii) certain audio and visual information, documents, software and other works of authorship; and (iii) other technology, software, hardware, products, processes, algorithms, user interfaces, know-how and other trade secrets, techniques, designs, inventions and other tangible or intangible technical material or information (collectively, "Healthmaster Technology") and that the Healthmaster Technology is covered by intellectual property rights owned or licensed by Healthmaster (collectively, "Healthmaster IP Rights"). Other than as expressly set forth in this Agreement, no license or other rights in or to the Healthmaster Technology or Healthmaster IP Rights are granted to You, and all such licenses and rights are hereby expressly reserved.

5.2 Rights Granted. Healthmaster operates the Service under a "Software as a Service" model (SaaS). You and Your Users are granted a worldwide, non-perpetual, non-exclusive, non-transferable, non-assignable and terminable right to access and use the Service in accordance with the terms of this Agreement. You are responsible for Your Users' compliance with this Agreement. Healthmaster has no obligation to and will not deliver copies of Healthmaster Technology as part of the Service.

5.3 Restrictions. You shall not (i) modify, copy or create derivative works based on the Service or Healthmaster Technology; (ii) create Internet "links" to or from the Service, or "frame" or "mirror" any content forming part of the Service, other than on Your own intranets or otherwise for your own internal business purposes; or (iii) disassemble, reverse engineer, or decompile the Service or Healthmaster Technology, or access it in order to (A) build a competitive product or service, (B) build a product or service using similar ideas, features, functions or graphics of the Service, or (C) copy any ideas, features, functions or graphics of the Service.

5.4 Your Data. As between Healthmaster and You, all Your Data is owned exclusively by You. Your Data shall be considered Confidential Information subject to the terms of this

Agreement. Healthmaster will not use, share, sell or otherwise disclose any of Your Data for any purpose other than as covered under the terms of this Agreement without Your written consent or as required by law. Healthmaster may access Your User accounts, including Your Data, solely to respond to service or technical problems, improve the Service or at Your request.

5.5 Suggestions. Any suggestions, ideas, enhancement requests, feedback, recommendations or other information provided by You or Your Users relating to the operation of the Service shall become the property of Healthmaster and shall, at Healthmaster's option, be used or incorporated into the Service and further shall be incorporated into and become a part of Healthmaster Technology and Healthmaster IP Rights without further compensation to You or Your Users.

6. Confidentiality.

6.1 Definition of Confidential Information. As used herein, "Confidential Information" means all confidential and proprietary information of a party ("Disclosing Party") disclosed to the other party ("Receiving Party"), whether orally or in writing, that is designated as confidential or that reasonably should be understood to be confidential given the nature of the information and the circumstances of disclosure, including the terms and conditions of this Agreement (including pricing and other terms reflected in all Ordering Documents hereunder), Your Data, the Service, the Healthmaster Technology, business and marketing plans, technology and technical information, product designs, and business processes. Confidential Information (except for Your Data) shall not include any information that: (i) is or becomes generally known to the public without breach of any obligation owed to the Disclosing Party; (ii) was known to the Receiving Party prior to its disclosure by the Disclosing Party without breach of any obligation owed to the Disclosing Party; (iii) was independently developed by the Receiving Party without breach of any obligation owed to the Disclosing Party; or (iv) is received from a third party without breach of any obligation owed to the Disclosing Party.

6.2 Confidentiality. The Receiving Party shall not disclose or use any Confidential Information of the Disclosing Party for any purpose outside the scope of this Agreement, except with the Disclosing Party's prior written permission.

6.3 Protection. Each party agrees to protect the confidentiality of the Confidential Information of the other party in the same manner that it protects the confidentiality of its own proprietary and confidential information of like kind, but in no event shall either party exercise less than reasonable care in protecting such Confidential Information.

6.4 Compelled Disclosure. If the Receiving Party is compelled by law to disclose Confidential Information of the Disclosing Party, it shall provide the Disclosing Party with prior notice of such compelled disclosure (to the extent legally permitted) and reasonable assistance, at Disclosing Party's cost, if the Disclosing Party wishes to contest the disclosure.

6.5 Remedies. If the Receiving Party discloses or uses (or threatens to disclose or use) any Confidential Information of the Disclosing Party in breach of this Section 6, the Disclosing Party shall have the right, in addition to any other remedies available to it, to seek injunctive relief to enjoin such acts, it being specifically acknowledged by the parties that any other available remedies are inadequate.

7. Warranties & Disclaimers.

7.1 Warranties. Each party represents and warrants that it has the legal power to enter into this Agreement. Healthmaster represents and warrants that: (i) it will provide the Service in a manner consistent with general industry standards reasonably applicable to the provision thereof; (ii) it owns or otherwise has sufficient rights to the Service and the Healthmaster Technology to grant the rights of use contained herein; and (iii) the Service and Healthmaster Technology do not infringe any intellectual property rights of any third party.

7.2 Disclaimer. EXCEPT AS EXPRESSLY PROVIDED HEREIN, THE SERVICE IS PROVIDED "AS-IS" AND "AS-AVAILABLE". HEALTHMASTER MAKES NO WARRANTY OF ANY KIND, WHETHER EXPRESS, IMPLIED, STATUTORY, OR OTHERWISE. HEALTHMASTER HEREBY SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW. NO ORAL INFORMATION OR ADVICE FROM A HEALTHMASTER EMPLOYEE WILL CREATE AN ADDITIONAL WARRANTY OR IN ANY WAY ALTER THE OBLIGATIONS AS SET FORTH IN THIS AGREEMENT NOR WILL ANY WRITTEN DOCUMENT UNLESS PERSONAL TO YOU AND SIGNED BY HEALTHMASTER'S CEO.

8. Mutual Indemnification.

8.1 Indemnification by Healthmaster. Subject to this Agreement, Healthmaster shall defend, indemnify and hold You harmless against any loss or damage (including reasonable attorneys' fees) incurred in connection with claims, demands, suits, or proceedings ("Claims") made or brought against You by a third party alleging that the use of the Service as contemplated hereunder infringes the intellectual property rights of a third party; provided, that You (a) promptly give written notice of the Claim to Healthmaster; (b) give Healthmaster sole control of the defense and settlement of the Claim (provided that Healthmaster may not settle or defend any Claim unless it unconditionally releases You of all liability); and (c) provide to Healthmaster, at Healthmaster's cost, all reasonable assistance.

8.2 Indemnification by You. Subject to this Agreement, You shall defend, indemnify and hold Healthmaster harmless against any loss or damage (including reasonable attorneys' fees) incurred in connection with Claims made or brought against Healthmaster by a third party alleging that the Your Data or Your use of the Service (as opposed to the Service itself) infringes the intellectual property rights of, or has otherwise harmed, a third party; provided, that Healthmaster (a) promptly gives written notice of the Claim to You; (b) gives You sole control of the defense and settlement of the Claim (provided that You may not settle or defend any Claim unless it unconditionally releases Healthmaster of all liability); and (c) provides to You, at Your cost, all reasonable assistance.

9. Limitation of Liability.

9.1 Limitation of Liability. IN NO EVENT SHALL HEALTHMASTER'S AGGREGATE LIABILITY ARISING OUT OF OR RELATED TO THIS AGREEMENT, WHETHER IN CONTRACT, TORT OR UNDER ANY OTHER THEORY OF LIABILITY, EXCEED THE LESSER OF \$5,000 OR THE AMOUNTS ACTUALLY PAID BY AND DUE FROM YOU HEREUNDER FOR THE THEN CURRENT ANNUAL PERIOD.

9.2 Exclusion of Consequential and Related Damages. IN NO EVENT SHALL EITHER PARTY HAVE ANY LIABILITY TO THE OTHER PARTY FOR ANY LOST PROFITS, LOSS OF

USE, COSTS OF PROCUREMENT OF SUBSTITUTE GOODS OR SERVICES, OR FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE, OR CONSEQUENTIAL DAMAGES HOWEVER CAUSED AND, WHETHER IN CONTRACT, TORT OR UNDER ANY OTHER THEORY OF LIABILITY, WHETHER OR NOT THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

9.3 Limitation of Action. Except for actions for non-payment or breach of either party's intellectual property rights, no action (regardless of form) arising out of this Agreement may be commenced by either party more than one (1) year after the cause of action has accrued.

10. Term & Termination.

10.1 Term of Agreement. This Agreement commences on the Effective Date and continues until all User subscriptions granted in accordance with this Agreement have expired or been terminated.

10.2 Term of User Subscriptions. User subscriptions commence on the start date specified in the relevant Ordering Documents, or, if no start date is specified, on the first day of the month of the relevant Ordering Documents (Effective Date), and continue for the subscription term specified therein. User subscriptions shall automatically renew for additional periods of one (1) year at the list price in effect at the time of renewal unless You give Healthmaster written notice of termination at least 45 days prior to the end of the relevant subscription term.

10.3 Termination for Cause. A party may terminate this Agreement for cause: (i) upon 45 days written notice of a material breach to the other party if such breach remains uncured at the expiration of such period; or (ii) if the other party becomes the subject of a petition in bankruptcy or any other proceeding relating to insolvency, receivership, liquidation or assignment for the benefit of creditors.

10.4 Outstanding Fees. Termination shall not relieve You of the obligation to pay any fees accrued or payable to Healthmaster prior to the effective date of termination.

10.5 Return of Your Data. Upon written request by You made within 45 days of the effective date of termination, Healthmaster will make available to You a onetime download of Your Data as a Microsoft SQL Server database backup (.bak) as it then exists. Any additional downloads of Your Data that you request will be at Healthmaster's then current charge for such service. After such 45-day period, Healthmaster shall have no obligation to maintain or provide any of Your Data and shall thereafter, unless legally prohibited, delete all of Your Data in its systems or otherwise in its possession or under its control.

10.6 Surviving Provisions. The following provisions shall survive any termination or expiration of this Agreement: Sections 4, 5 (excluding Section 5.2), 6, 7, 8, 9, 10 and 11.

11. General Provisions.

11.1 Relationship of the Parties. This Agreement does not create a partnership, franchise, joint venture, agency, fiduciary or employment relationship between the parties.

11.2 No Third-Party Beneficiaries. There are no third-party beneficiaries to this Agreement.

11.3 Notices. All notices under this Agreement shall be in writing and shall be deemed to have been given upon: (i) personal delivery; (ii) the second business day after mailing; (iii) the

second business day after sending by confirmed facsimile; or (iv) the second business day after sending by email. Notices to Healthmaster shall be addressed to the attention of its Vice President of Sales, with a copy to its President. Notices to You are to be addressed as set forth in the Ordering Documents.

11.4 Waiver and Cumulative Remedies. No failure or delay by either party in exercising any right under this Agreement shall constitute a waiver of that right. Other than as expressly stated herein, the remedies provided herein are in addition to, and not exclusive of, any other remedies of a party at law or in equity.

11.5 Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be contrary to law, the provision shall be modified by the court and interpreted so as best to accomplish the objectives of the original provision to the fullest extent permitted by law, and the remaining provisions of this Agreement shall remain in effect. Healthmaster will comply with any applicable state law which applies to school district vendors of health records software where Our Service is provided. If there is a provision in this Agreement which is contrary to the law of the state in which You are located, the provision of such state law will control.

11.6 Assignment. Neither party may assign any of its rights or obligations hereunder, whether by operation of law or otherwise, without the prior express written consent of the other party. Notwithstanding the foregoing, either party may assign this Agreement together with all rights and obligations hereunder, without consent of the other party, in connection with a merger, acquisition, corporate reorganization, or sale of all or substantially all of its assets not involving a direct competitor of the other party. Any attempt by a party to assign its rights or obligations under this Agreement in breach of this section shall be void and of no effect. Subject to the foregoing, this Agreement shall bind and inure to the benefit of the parties, their respective successors and permitted assigns.

11.7 Governing Law. Other than as provided in section 11.5 above, this Agreement shall be governed exclusively by the internal laws of the State of Michigan, without regard to its conflicts of laws rules unless otherwise explicitly stated in the Ordering Documents.

11.8 Venue. The state courts located in Oakland County, Michigan or the United States District Court Eastern District of Michigan located in Detroit, Michigan shall have exclusive jurisdiction to adjudicate any dispute arising out of or relating to this Agreement unless otherwise explicitly stated in the Ordering Documents. Each party hereby consents to the exclusive jurisdiction of such courts. Each party also hereby waives any right to jury trial in connection with any action or litigation in any way arising out of or related to this Agreement.

11.9 Export Control Laws. Each party shall comply with all United States and foreign export control laws or regulations applicable to its performance under this Agreement.

11.10 Government Users. The Service includes the use of software that is a "commercial item," as that term is defined at 48 C.F.R. 2.101 (OCT 1995), consisting of "commercial computer software" and "commercial computer software documentation," as such terms are used in 48 C.F.R. 12.212 (SEPT 1995). Consistent with 48 C.F.R. 12.212 and 48 C.F.R. 227.7202-1 through 227.7202-4 (JUNE 1995), all U.S. Government End Users acquire the Software and Documentation with only those rights set forth herein.

11.11 Entire Agreement. This Agreement, including all exhibits and addenda hereto and the Ordering Documents, constitute the entire agreement between the parties, and supersede all

prior and contemporaneous agreements, proposals or representations, written or oral, concerning its subject matter. No modification, amendment, or waiver of any provision of this Agreement shall be effective unless in writing and signed by the party against whom the modification, amendment or waiver is to be asserted. In the event of any conflict between the provisions in this Agreement and any exhibit or addendum hereto, or Ordering Documents executed hereunder, the terms of such exhibit, addendum or Ordering Documents shall prevail to the extent of any inconsistency. Notwithstanding any language to the contrary therein, no terms or conditions stated in a Your purchase order or in any other of Your order documentation (excluding Ordering Documents), regardless of whether such purchase order or order documentation is issued during the first or any subsequent term, shall be incorporated into or form any part of this Agreement, and all such terms or conditions are expressly rejected shall not become part of the terms of this Agreement..

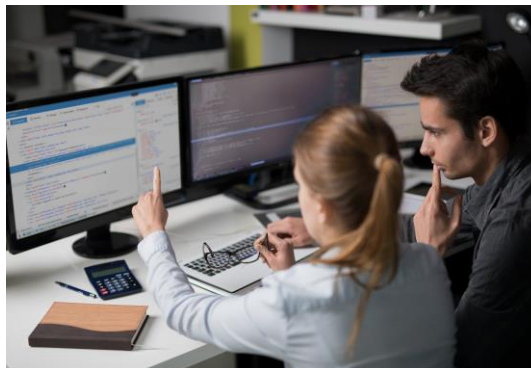
11.12 Drafting Conventions. This Agreement is to be construed according to the following principles: (a) the captions of the sections in this Agreement are provided for convenience only and do not affect its meaning; (b) the words “party” and “parties” refer only to a named party to this Agreement; (c) examples are not to be construed to limit, expressly or by implication, the matter they illustrate; (d) the word “includes” and its syntactic variants mean “includes, but is not limited to” and corresponding syntactic variant expressions; and (e) unless specified otherwise, any reference to a statute or regulation means that statute or regulation as amended or supplemented from time to time and any corresponding provisions of successor statutes or regulations.

Last Updated: July 1, 2016

Sivic Solutions Group, LLC Cost Proposal Beaufort County School District

Request for Proposal Medicaid Direct Billing Services

**Solicitation # 18-014
Submittal Date: November 28, 2017**



Siva Kakuturi
President
Sivic Solutions Group, LLC
118 Sylvan Way
New Hartford, NY 13413
Office: (315) 868-9777
Email: skakuturi@sivicsolutionsgroup.com

Prepared for:
Sandi Amsler, CPPB
Chief Procurement Officer
Beaufort County School District
2900 Mink Point Blvd.
Beaufort, SC 29902

www.sivicsolutionsgroup.com

November 22, 2017

Sandi Amsler, CPPB
Beaufort County School District
2900 Mink Point Blvd
P.O. Draw 309
Beaufort, SC 29902

Re: Proposed Price for Solicitation # 18-014, Medicaid Direct Billing Services

Dear Ms. Amsler;

Sivic Solutions Group (SSG) is pleased to provide the Beaufort County School District with this price proposal to provide Medicaid claiming services for the District's special education Medicaid billing program. SSG is well qualified in Medicaid cost recovery for numerous schools and counties with a demonstrated base of experience with in Medicaid claiming services in more than 10 states around the country. Based on our experience and familiarity with the South Carolina Medicaid schools program, we offer the best value and lowest cost to the District. We have used our prior experience in operating schools projects of similar size, complexity and scope and our South Carolina experience to determine our proposed percentage of individual claim lines paid by Medicaid.

The Bidding Schedule/Price Business Proposal form is attached. The proposed price is all inclusive and reflects that the District will completely turn over/surrender the billing process to SSG to minimize the District's cost. The scanning solution for transportation services will be an optional service offered if requested by the District at an additional negotiated cost.

I certify that I am authorized to make representations for and bind Sivic Solutions Group, LLC to all statements, services and prices contained in our proposal. We look forward to working with the Beaufort County School District.

Sincerely,



Siva Kakuturi, President
Sivic Solutions Group, LLC

Sivic Solutions Group, LLC
Phone: 315-868-9777
Email: skakuturi@sivicsolutionsgroup.com

8.0 BIDDING SCHEDULE / PRICE BUSINESS PROPOSAL:

For direct billing services, Percentage (%) rate per claim line paid by Medicaid:

5%

If sub-divided:

Nursing Services:

Direct billing services, Percentage (%) rate per claim line paid by Medicaid:

10%

Rehabilitative Services:

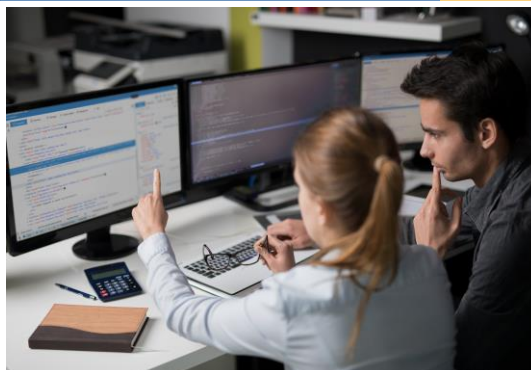
Direct billing services, Percentage (%) rate per claim line paid by Medicaid:

10%

Sivic Solutions Group, LLC Response to Beaufort County School District

Request for Proposal Medicaid Direct Billing Services

**Solicitation # 18-014
Submittal Date: November 28, 2017**



Siva Kakuturi
President
Sivic Solutions Group, LLC
118 Sylvan Way
New Hartford, NY 13413
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Prepared for:
Sandi Amsler, CPPB
Chief Procurement Officer
Beaufort County School District
2900 Mink Point Blvd.
Beaufort, SC 29902

www.sivicsolutionsgroup.com

November 22, 2017

Ms. Sandi Amsler
Procurement Office
Beaufort County School District
2900 Mink Point Blvd.
Beaufort, SC 29902

Re: Proposed Price for Solicitation # 18-014, Medicaid Direct Billing Services

Dear Ms. Amsler,

Sivic Solutions Group (SSG) is pleased to present our proposed solution in response to the Beaufort County School District's (BCSD) Request for Proposal for Medicaid Direct Billing Services. With experience providing similar services to numerous schools and counties across the United States, SSG is highly qualified in Medicaid cost recovery and claiming services.

Our proposal details SSG's proposed plan to support BCSD's requirements, our staffing plan, and our qualifications and experience. BCSD will realize tremendous benefit, both in process and cost, by selecting SSG as your service provider.

I certify that I am authorized to make representations for and bind Sivic Solutions Group, LLC to all statements, services and prices contained in our proposal.

If you have any questions regarding our proposal, please do not hesitate to contact me. Thank you in advance for your consideration of our proposal and we look forward to hearing from you.

Sincerely,



Siva Kakuturi, President
Sivic Solutions Group, LLC

Phone: 315-868-9777

Email: skakuturi@sivicsolutionsgroup.com

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Appendix A: Staff Resumes

Appendix B: Financial Reports

9.0 Attachments to Solicitation – Minority and Woman Business Enterprise Policy and Requirements



Beaufort County School District

Solicitation Number: 18-014
Date Printed: November 7, 2017
Date Issued: November 7, 2017
Procurement Officer: Sandi Amsler, CPPB
Phone: 843-322-2349
Email: Sandi.Amsler@beaufort.k12.sc.us

Request for Proposals (RFP)

DESCRIPTION: **Medicaid Direct Billing Services**
SUBMIT OFFER BY (Opening Date & Time): **November 28, 2017; 1:00 PM EST**
QUESTIONS MUST BE RECEIVED BY: **November 16, 2017**
NUMBER OF COPIES TO BE SUBMITTED: **Seven (7) Original Signed Copies and One (1) Redacted Version on CD**

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:
Beaufort County School District
Procurement Office
P.O. Drawer 309
Beaufort, SC 29901-0309

PHYSICAL ADDRESS:
Beaufort County School District
Procurement Office
2900 Mink Point Blvd
Beaufort, SC 29902

AWARDS & AMENDMENTS:

Award will be posted at the Physical Address stated above on or after December 1, 2017. The award, this solicitation, and any amendments will be posted at the following web address: <http://beaufortschools.net>.

You must submit a signed copy of this form with Your Offer. By submitting a proposal or bid, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.

NAME OF OFFEROR: (Full legal name of business submitting the offer)

ENTITY TYPE:

Sivic Solutions Group, LLC

Corporation

K. Kakuturi

AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Siva Kakuturi

President

PRINTED NAME

TITLE

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. An offer may be submitted by only one legal entity. The entity named as the Offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.



Beaufort County School District

Addendum 1

Solicitation Number: 18-014
Date Printed: November 17, 2017
Date Issued: November 17, 2017
Procurement Officer: Sandi Amsler, CPPB
Phone: 843-322-2349
Email: Sandi.Amsler@beaufort.k12.sc.us

Request for Proposals (RFP)

DESCRIPTION: **Medicaid Direct Billing Services**
SUBMIT OFFER BY (Opening Date & Time): **November 28, 2017; 1:00 PM EST**
QUESTIONS MUST BE RECEIVED BY: **November 16, 2017**
NUMBER OF COPIES TO BE SUBMITTED: **Seven (7) Original Signed Copies and One (1) Redacted Version on CD**

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SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:
Beaufort County School District
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P.O. Drawer 309
Beaufort, SC 29901-0309

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AWARDS & AMENDMENTS:

Award will be posted at the Physical Address stated above on or after December 1, 2017. The award, this solicitation, and any amendments will be posted at the following web address: <http://beaufortschools.net>.

You must submit a signed copy of this form with Your Offer. By submitting a proposal or bid, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.

NAME OF OFFEROR: (Full legal name of business submitting the offer)

ENTITY TYPE:

Sivic Solutions Group, LLC

Corporation



AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Siva Kakuturi

President

PRINTED NAME

TITLE

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. An offer may be submitted by only one legal entity. The entity named as the Offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

A. EXECUTIVE SUMMARY [4.0.1.2]

A business or executive summary of the Offeror's firm. Inclusion of historical and financial information about the firm is encouraged. Section is limited to three (3) pages, exempting financials.

The Beaufort County School District seeks a qualified firm to provide a web-based School Nursing Documentation Program with Medicaid Direct Billing Services.

Sivic Solutions Group (SSG) offers Beaufort County School District (BCSD) a winning combination of personnel and technology. Our proposed team in support of BCSD is the best in the industry; our staff is exceptionally experienced in policy, training, and audit and support services. They are available to assist with program procedures and policies, ensuring you are maximizing your Medicaid billing. Our proven state-of-the-art MAXCapture system provides a web-based process automation tool to increase accuracy and efficiency while documenting the services provided.

SSG has experience with South Carolina School Districts

The MAXCapture system, backed by our team of exceptionally experienced staff in Special Education and Medicaid claiming support, has been used for 14 years by South Carolina schools backed.

- Our staff have worked successfully with a number of South Carolina school districts, including Lexington and Richland County schools;
- We provide effective training to district staff and coordinators; and
- We offer robust training options, including on-site, webinar and on-line sessions.

With direct experience with school based Medicaid claiming in South Carolina our staff will use their experience and expertise to assist BCSD with program and process recommendations and implementing program revisions.

SSG offers:	
✓	A highly experienced team of staff with qualifications in 10 states and more than 35 projects in Medicaid in Schools for both direct care services and administrative claiming and related experience in 15 related projects
✓	Veteran staff with in-depth knowledge of South Carolina Medicaid programs and the State's federal Medicaid requirements
✓	Our state-of-the-art MAXCapture system that provides exceptional service to ease the documentation and billing processes
✓	Our enhanced MAXCapture Web-based Provider Portal designed and configured to offer the best service and support to Providers and billing agents
✓	Staff experienced in auditing both financial and service records to ensure compliance with the program
✓	Ability to leverage our experience in South Carolina to start work with minimal transition time and reduced risk to the BCSD.

SSG's growth has been phenomenal and our financials are strong

SSG has experienced tremendous growth over the past 8 years. We are very appreciative of the trust and confidence that many school districts and states have placed with SSG with their selection of our firm and our staff to continue to provide the federal claiming and consulting services that they require. We are the preferred school-based vendor in ten (10) states for both direct care services and administrative claiming, as well as similar responsibilities in 15 related projects. We have established a strong foundation of customer service to our school-based billing clients on which to build our commitment to providing the best quality and best value.

SSG is financially stable with no debt, and adequate cash in the bank available for its business operations. We have the backing, financial support, and extensive resources of our parent company, Solix. With more than 800 employees, Solix provides services to government and commercial clients in over a dozen states. Please see our financial statements in Appendix B.

The key to our success

We are very experienced in providing school-based claiming services throughout the country. From this experience, we have gained an understanding of the key components to project success.

Our Claim Submittal Processes and the System Require minimal Transition Time to the New Contract

Our claim submittal processes and our systems are used in South Carolina school districts, today. Our system business rules, reporting logic, and quality assurance processes have been fully vetted to deliver the best quality service and product for these districts. We can easily customize the system to accommodate any additional requirements BCSD may have.

We are confident that our proposed project team can smoothly implement the project for BCSD, including the transition of the data from the current vendor.

MAXCapture System provides proven claims and payment processing services

MAXCapture is a flexible, table-driven business rules processing engine that can easily meet changing Medicaid requirements of federal and State policies. Our HIPAA compliant state of the art data center processes the claims and generates payments to providers on an accurate and timely basis. Personnel in our Software Development Center utilize system and internal procedures that have quality assurance checks and balances to ensure accurate payment to providers on timely basis.

SSG's experience with Medicaid Direct Billing Services is unmatched

Our proposed SSG Team have extensive experience with Medicaid Direct Billing Service, performing direct, fee-for-service claiming for school districts across the United States, including some of the largest school districts in the nation. Our direct service billing projects typically entail an array of analysis, training, and systems-related activities that provide appropriate Medicaid claiming and cost reconciliation that meets compliance standards, as well as to carry out timely and accurate Medicaid claiming.

Why SSG?

SSG offers the District a proven solution and system along with some of the most highly experienced consultants in the school-based claiming industry. We provide the District the best value that is unmatched by any other vendor. By selecting SSG, the District can be assured of selecting the best company that is committed to offering high quality, full service, school-based Medicaid claiming at the best price.

Our Team

Our team includes senior professionals who have led major school based billing projects in school districts many states and have significant experience in South Carolina. We will provide a strong project team backed up by our superior hosting facility and a deep bench of seasoned professionals.

Our Solution and Systems

We offer the best solution and the proven systems with minimal risk to the District that will ensure timely and accurate billing. Our MAXCapture System provides exceptional, reliable service to BCSD for processing Direct Service claims. Our system provides a wide range of modules to support all requirements of the BCSD Medicaid data capture, service and student records, and billing processes.

Our Price

By selecting SSG, BCSD will receive a cost-effective total managed solution. Our in-depth knowledge of the program, efficiency of our systems and productivity of our proposed staff provide tremendous benefit to you.

The goal of our proposal is to offer BCSD with a high value solution that meets all of your needs. We look forward to working with the District to support your Medicaid Direct Billing Service requirements.

B. SSG EXPERIENCE AND CAPABILITIES [4.0.1.3]

*Comprehensive description of the firm's experience in supplying the services required by this Request for Proposal, preferably with a school district comparable to BCSD. Five overall school district references for similar projects to include name of school district, title and **correct** phone number and e-mail address of district contact, and dates of project; with general details of the services provided.*

Sivic Solutions Group (SSG) has been providing consulting, systems, and operations support and services to school districts and state agencies for the past 17 years. With an extensive team of employees who are industry experts, SSG is highly qualified to provide Medicaid billing services to BCSD. SSG has established itself as a trusted service provider to an increasing number of school districts and state agencies due to our experienced staff and exceptional systems capabilities.

B.1 SSG Profile

Sivic Solutions Group (SSG), a Solix, Inc. company, provides consulting and systems services to state health and human service agencies, child welfare agencies and school districts across the country. The SSG team includes personnel with nearly 20 years of schools claiming experience. Senior staff members do not simply provide oversight; rather they are fully engaged and dedicated to their assigned projects. Our team's schools experience includes involvement in more than 35 projects in financing and implementation consulting services, including schools FFS and administrative claiming, time study implementation, rate reimbursement design and implementation, cost settlement design and implementation, LEA provider training, compliance reviews, and development of cost reports and state auditing techniques.

Solix, Inc., our parent company, provides US-based business process outsourcing services, technology solutions, and Business Process as a Service (BPaaS) for mission critical government and commercial programs across public utilities, healthcare, and telecommunications industries. The company has extensive experience managing complex programs that require identity verification and adherence to strict eligibility rules. Solix ensures process efficiency and peace of mind where compliance to industry and government regulations is imperative. Their cloud based technologies drive intelligent process automation and machine learning for increasing digitization and Straight-Through-Processing (STP) in the most complex programs. Solix provides highly skilled subject-matter-experts and dedicated contact center representatives who serve as an extension of our customers' staff to provide transparent professional customer service. Solix improves the lives of millions of individuals and families each year through the powerful, cost-effective solutions and expertise that the company brings to the customers that serve communities, families, and business owners.

SSG has more than 17 years of experience, including direct and relevant schools experience. We have implemented our MAXCapture system in major school districts to support their fee-for-service claiming projects. Our system offers a state-of-the-art Provider Scheduling Module, which provides an easy to use and very effective tool for service providers and for the administration to develop and monitor service schedules. In addition, we offer BCSD the best team, with exceptionally experienced staff in Medicaid claiming systems and support, along with training and service documentation audit services

We use our in-house staff to perform the services under this solicitation and pride ourselves in using ONLY on-shore development facilities to support our clients.

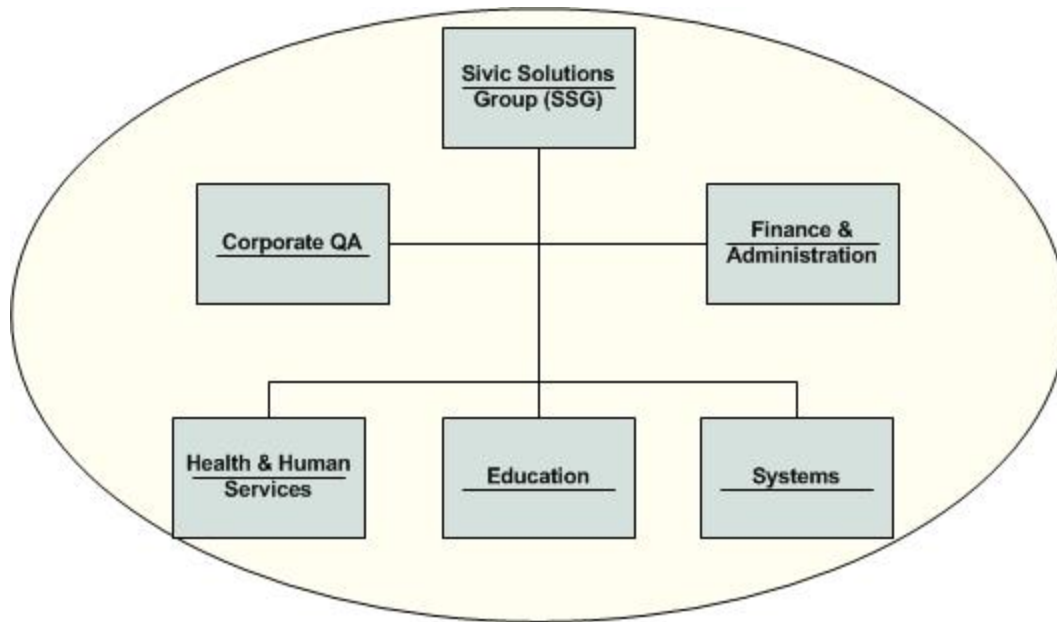
We have experienced phenomenal growth in the last eight years and have signed more than forty (40) contracts in the systems development, revenue enhancement, and claiming practice areas. The company is financially stable with no debt, and adequate cash in the bank available for its business operations. We have the backing and financial and resource support of our parent company, Solix, which provides services to government and commercial clients in over a dozen states with over 800 employees.

SSG is proud of its track record of regulatory compliance and business integrity. We have had no court judgments, litigation, arbitration or final agency decisions filed, nor have we had no false claims with any federal, state, or local government entities. Further, unlike other vendors in the industry, we have had no disallowances against us by the Federal Government.

SSG Organizational Structure

SSG's in-house staff is comprised of experienced consultants, information systems professionals, and operations and administrative staff. Most staff members have at least 10 years of related experience, with many possessing 20 to 30 years of experience.

SSG's staff is organized into the following areas, although most employees are skilled in more than one practice area. Mr. Siva Kakuturi, President, provides oversight and control to most SSG projects.



SSG has extensive experience in Education (K-12), Systems, and Health and Human Services practice areas, with Education Services and Systems being the practice areas that will provide the services requested in this RFP.

Education Market experience includes developing and managing systems and providing consulting services in the area of student information systems, special education systems, and Medicaid reimbursement billing and documentation systems.

The Education market staff is well qualified in Medicaid cost recovery for schools as demonstrated by our experience in 10 states and hundreds of school districts across the country. Our largest projects include districts in Florida, South Carolina, New Mexico, District of Columbia, Pennsylvania, Missouri, New York, and Kentucky. Services in these projects include the collection and billing of direct services, review of existing Medicaid benefit packages and rates, training of school district staff and direct-service providers on record keeping, and reporting necessary to support service billing. In addition to fee-for service billing, SSG provide Medicaid Administrative Claiming (MAC) and cost settlement services.

Systems Market provides multiple web-based systems for case management, Medicaid, and third party claims management and payments. SSG has developed client/server and web-based products, designed and developed custom software for clients using full Software Development Life Cycle (SDLC), successfully managed the entire Information Technology functions for clients using outsourcing model, and developed web-based software using Microsoft .NET Framework technologies and SQL Server database following the industry's best-practices and Service Oriented Architecture (SOA).

In the healthcare industry, SSG has developed multiple web-based systems from case management to Medicaid claims and payment management, including HIPAA compliance.

Health & Human Services Market includes federal Medicaid, Title IV-E, CHIP, SSI, and TANF claiming and regulatory compliance, cost allocation, rate setting, and financial and regulatory healthcare consulting for Health and Human Services clients across the country.

B.2. Project Qualifications

SSG is highly qualified to provide the Medicaid Direct Billing Services as requested by BCSD. We support similar services for school districts across the United States, including the projects described in detail below. With extensive experience, operational excellence, and systems capabilities, SSG is uniquely positioned to offer staff, services, facilities, and software which will allow BCSD to receive exceptional service.

Critical areas that should be considered in evaluating SSG's abilities to successfully complete this project include SSG's knowledge of Medicaid in schools, our history with South Carolina Medicaid in Schools, and our high quality software and data facilities.

SSG Understands Medicaid in Schools

- SSG has more than 15 years of experience in all of the required areas, including RMS, administrative claiming, direct service claiming, provider scheduling, and the development of web based systems;
- We have developed a unified position with state and federal agencies on behalf of major school districts to secure the most favorable direct and administrative claiming for exceptional student education services; and
- Unlike many other vendors in this industry, SSG has had no Medicaid disallowances issued by the federal government.

SSG has Experience with South Carolina Medicaid in Schools

- Our staff have worked successfully with a number of South Carolina school districts, including Lexington and Richland County schools;
- We provide effective training to district staff and coordinators; and
- We offer robust training options, including on-site, webinar and on-line sessions.

SSG Offers High Quality Software and Facilities

- SSG software has been implemented in large school districts throughout the country, including Albuquerque, Chicago and Orlando;
- We have no exceptions from State or Federal audits; and
- Solix hosts our own HIPAA compliant data center based in the United States with high availability data structure for our applications.

B.2.1 Detailed Description of Three Similar Schools Projects

CONFIDENTIAL

B.2.2 Schools Direct Billing Projects

SSG has extensive experience with Medicaid in Schools Direct Billing, as evidenced in *Exhibit B.2.2-1: Relevant SSG Direct Billing Projects*.

Project	Services Provided
Chicago Public Schools, Direct Service Claiming, both as Third Party Administrator and as Direct Services Capture Provider	<p>SSG provides Chicago Public Schools, the 4th largest district in the country, with fee-for-services Medicaid claiming services and Medicaid in Schools consulting services and includes the following direct services claiming services:</p> <ul style="list-style-type: none"> ■ Medicaid fee for service claim processing; ■ Service capture for charter school therapies and nursing; ■ Third party administrator services for the public school therapists and nurses; ■ Process transportation claims; ■ Conduct cost reconciliation and rate setting; ■ Collect Medicaid Administrative financial information into state system; ■ Provide ongoing consulting services on Medicaid regulations; ■ Perform quality reviews of fee for service claims; and ■ Provide training on Medicaid and other claim processing programs.
New Mexico Cooperative Educational Services Direct Service Billing	<p>SSG implemented a Medicaid fee-for-service claiming program to support 90% of the special education students in New Mexico schools. We established and implemented a quality assurance process to identify and resolve errors. SSG's specific services include:</p> <ul style="list-style-type: none"> ■ Provide full service end-to-end Medicaid claiming solution to most of New Mexico school districts and charter schools in Medicaid claiming; ■ Process Medicaid claims for special education services and submit to NM MMIS; ■ Provide on-line web based case management system to school districts to capture special education services; and ■ Provide ongoing support and training.
South Carolina Lexington/Richland Counties School District Direct Services Medicaid Claiming	<ul style="list-style-type: none"> ■ Designed and currently implementing a school district-wide project for seeking Medicaid cost recovery for services provided by eligible school district therapy, speech, behavioral, and nursing providers to students with disabilities; ■ Perform automated 270/271 Medicaid eligibility matches with the State MMIS; and ■ Lexington/Richland is one of the largest school district in South Carolina.
Orange County (Orlando) Public Schools Direct Services Billing (also MAC and Therapy)	<p>SSG implemented and continues to operate a school based Medicaid fee-for service claiming program, as well as a Medicaid Administrative Claiming program and associated RMTS. We also provide a therapist scheduling system for providers to</p>

Project	Services Provided
Scheduling)	<p>schedule their students. SSG's specific services include:</p> <ul style="list-style-type: none"> Developed a unified position with state and federal agencies on behalf of major county school districts to secure the most favorable direct and indirect claiming for exceptional student education services; Conducted extensive and repetitive training sessions for Medicaid coordinators and service providers to ensure that everyone understood the program and could take advantage of all of the features of the SSG service capture module of our MAXCapture TPA system; Initiated and assisted school districts with enrollment as a Medicaid provider; Designed, developed and implemented software to operate and monitor necessary Medicaid billing functions; Established a quality assurance process to correct problems disallowances; Process Remittance Advices, posted claim status against claims, generated management reports and submitted to Client; and Colloborate with community providers to address change in reimbursement methodology to pre-paid mental health plans. <p>Recent additon:</p> <ul style="list-style-type: none"> Therapist scheduling of student individual and group sessions.
Florida Direct Services Billing Beyond Orange County (SSG is the largest vendor in Florida schools)	<p>SSG implemented and continues to operate a school based Medicaid fee-for service claiming program for many Florida county school districts. SSG's specific services include:</p> <ul style="list-style-type: none"> Developed a unified position with state and federal agencies on behalf of major county school districts to secure the most favorable direct and indirect claiming for exceptional student education services (SSG is the largest Floridia vendor); Conducted extensive and repetitive training sessions for Medicaid coordinators and service providers to ensure that everyone understood the program and could take advantage of all of the features of the SSG service capture module of our MAXCapture TPA system; Designed, developed and implemented software to operate and monitor necessary Medicaid billing functions; Established a quality assurance process to correct problems disallowances; Process Remittance Advices, posted claim status against claims, generated management reports and submitted to Client; and Colloborate with community providers to address change in reimbursement methodology to pre-paid mental health plans.

Project	Services Provided
Kentucky School District Direct Services Medicaid Billing	<ul style="list-style-type: none"> Process Medicaid claims for special education services and submit to Kentucky MMIS; Provide on-line web based case management system to school districts to capture special education services; and Provide ongoing support and training.
New York School Districts Direct Services Medicaid Billing	<ul style="list-style-type: none"> Implemented Medicaid fee-for-service claiming program for 18 school districts to obtain Medicaid reimbursement for the School and Preschool Supportive Health Services Programs; Provide on-site training of service providers; Produce and reconcile claims; and Provide guidance to school and county administrators on all new policy developments issued by the State Education Department and the Department of Health.
New Mexico Early Intervention Medicaid Direct Services and Third Party Billing	SSG process Medicaid claims on behalf of the Department of Health Family Infant Toddler program and submit claims to New Mexico MMIS and third party insurance companies.
Arizona Direct Services Third Party Administrator Services (and MAC claiming)	<ul style="list-style-type: none"> Developed and implemented the direct services claiming system successfully in 90 days; Processed approximately 50,000 Direct Service claims a week; Collected and processed direct service claims submitted by the school districts, and submitted all claims electronically in a HIPAA compliant format to AHCCCS (single State Medicaid agency) for payment; Paid claims and created an electronic and paper remittance advice notice to the school districts for all claims submitted; Created the ability to withhold amounts from payments to school districts to account for any payment recoupments; and Provided review and compliance services for AHCCCS related to school based Medicaid claiming, such as conducting district-level quality assurance reviews.
Maine Schools Direct Services Medicaid Billing	<ul style="list-style-type: none"> Implemented a school-based Medicaid fee-for-service claiming program through the State's Medicaid Program with a per diem billing methodology; Designed and implemented a school district-wide project for seeking Medicaid cost recovery for services provided by eligible school district therapy, behavioral, and nursing providers to students with disabilities; and Implemented significant changes after the initial project start-up as new federal requirements were imposed.

Project	Services Provided
Projects in Kansas, Missouri, New Jersey, Maine, Connecticut, Arizona, Tennessee, California and Nevada	Operated a wide range of types of direct services projects, including district-specific, statewide and third party administrator projects

Exhibit B.2.2-1: Relevant SSG projects illustrate SSG's significant experience with Medicaid Billing projects.

B.3. References

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C. SSG PROJECT MANAGER AND PROJECT PERSONNEL [4.0.1.4]

Resumes or business experience summary and manufacturer certifications of Project Manager, Project Staff and other parties who will provide services for the project and afterwards.

By selecting Sivic Solutions Group (SSG), a 19 year old New York based Limited Liability Company offering consulting, systems, and operations support and services, the Beaufort County School District (BCSD) can be assured of a well-qualified vendor and an experienced team of industry experts to provide services related to Medicaid Billing Services. Our experienced staff and exceptional systems capacities are ready and able to provide an improved claiming program which will operate more efficiently and result in additional federal recoveries.

Our team possesses significant experience with Medicaid in Schools projects, including familiarity with the South Carolina system.

Project Organization Chart

Our proposed project organization includes 15 staff members who will provide support for this project, including Project Management.

Exhibit C-1: Project Organizational Chart, provides our proposed staff organization structure for the project. Resumes for key staff – including references - are in Appendix A: Staff Resumes.

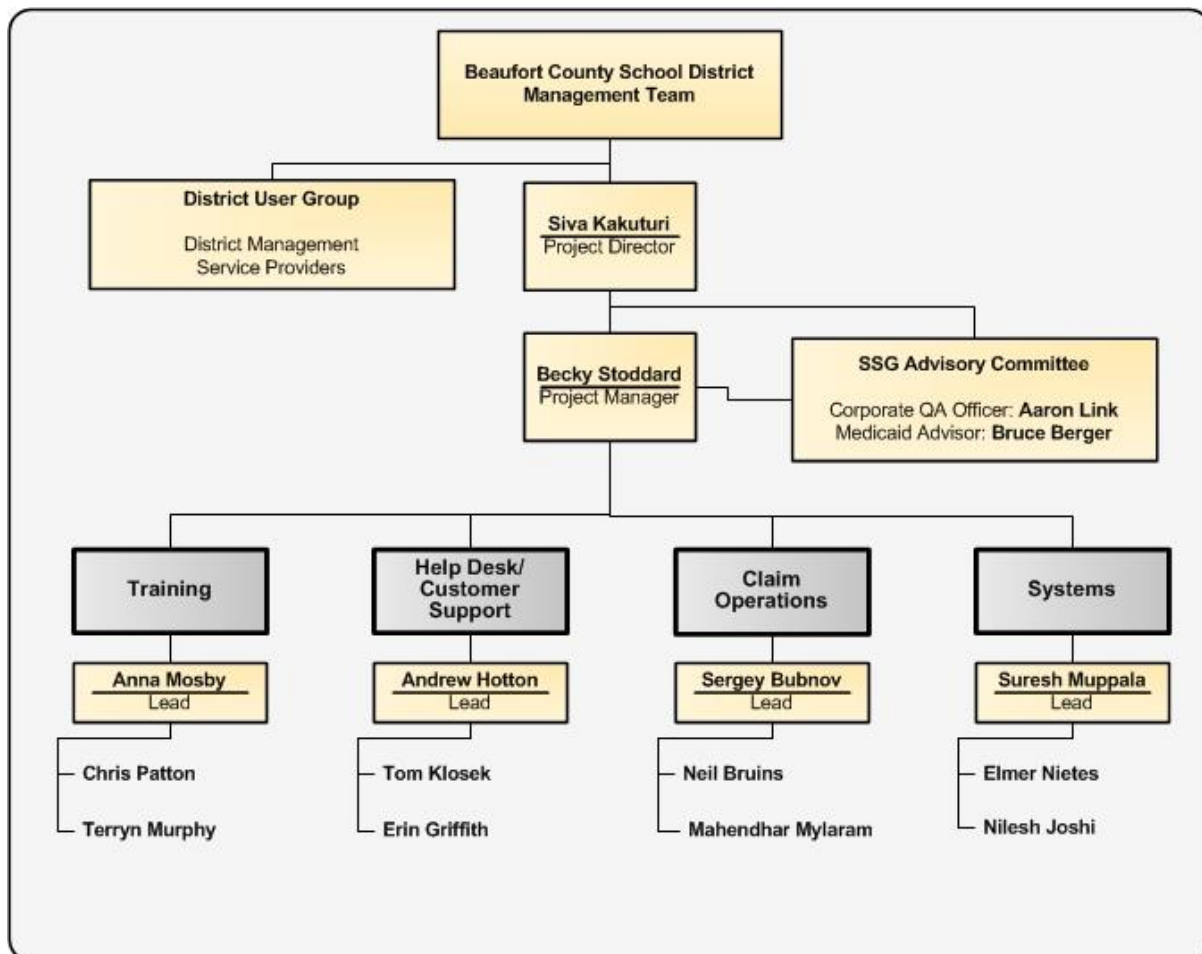


Exhibit C-1: Project Organizational Chart, shows our proposed staffing structure for this project.

C.1 Project Manager and Project Director

The value to BCSD of SSG's services is heavily reliant on the project staff, as well as the quality of the deliverables. As such, The Project Manager is integral to the relationship between SSG and BCSD.

SSG recognizes that work flow must be governed by the application of reliable, time-tested management principles and tools used by our assigned Project Manager. On a day-to-day basis, our Project Manager, Becky Stoddard, will be responsible for ensuring that SSG delivers outstanding service to BCSD and ensures compliance with the terms and conditions of the contract. She will have control of all project resources. She possesses the authority and the responsibility for the following:

- SSG personnel assigned to the project
- All expenditures detailed within the approved project budget and changes to the work plan that are within the contractual scope of the work plan
- Meeting project schedules and client expectations
- Ensuring that project work products are of the highest quality
- Ensuring client satisfaction

The SSG Project Manager reports directly to Siva Kakuturi, the Project Director and President of SSG. The Project Director provides oversight for all contracted activities and has ultimate responsibility for executive oversight of the project. It is the Project Director's responsibility to ensure that corporate standards for quality and customer satisfaction are achieved and to ensure that necessary resources are available to the project team. The Project Director's responsibilities include client relations, problem resolution, and supervision of all project staff. He has the authority to make decisions, revise processes and procedures, and assign additional resources as needed to maximize the efficiency and effectiveness of services provided under the contract. All major deliverables will be reviewed and approved by the Project Director.

C.2 Qualifications of Project Staff

Our proposed staff is organized into three (3) tiers:

- Project Management Team
- Team Leads
- Team Members

For each proposed staff member, their experience relevant to this project and the minimum qualifications for the position are presented.

C.2.1. Project Management Team

Our proposed project management staff includes the Project Director, Project Manager, and Project Advisors. The Project Advisors will work closely with project management on a variety of task activities and provide ongoing leadership for the operation of the project. They will provide their perspective on proposed solutions and recommend the most effective way to address challenges as they arise.

Advisors have knowledge, mastery, and expertise in their designated areas, along with experience in other aspects of this project so that all staff can work cooperatively on the tasks included in the scope of work. *Exhibit C.2.1-1: Relevant Experience of the Project Management Team*, provides a summary of the project management team's qualifications.

Name of Person	Proposed Role	Relevant Experience/Minimum Qualifications
Siva Kakuturi	Project Director	<ul style="list-style-type: none"> More than 25 years of project management, software development and implementation experience Leads the implementation of all Medicaid administrative and FFS claiming projects Experience in design and development of custom application software, implementation of automated information systems for health and human service agencies as well as schools, comprehensive project management, planning, budgeting, and forecasting, systems integration and implementation support, and technical infrastructure and network design Oversees SSG's team for all projects
Becky Stoddard	Project Manager	<ul style="list-style-type: none"> Over 25 years of experience in state education programs, with more than 10 years of experience managing the state's Medicaid in Schools program of Direct Billing, Administrative Claiming and Cost Reconciliation Lead for the Florida schools Medicaid Administrative Claiming compliance program Monitors and QAs cost reports submitted by the Massachusetts Departments of Youth Services and Mental Health to ensure that the data is accurate for the development of provider rates Conducts a review of the Pennsylvania schools Medicaid cost reports Onsite monitoring of an average of 60 school districts annually Experienced in schools, financial and regulatory management, and Medicaid policy
Aaron Link	Corporate QA Officer	<ul style="list-style-type: none"> Corporate Director of Operations More than 20 years of experience working to deliver successful projects for

Name of Person	Proposed Role	Relevant Experience/Minimum Qualifications
Bruce Berger	Medicaid Policy Advisor	<p>public and private sector clients</p> <ul style="list-style-type: none"> Deputy Project Manager for the Pennsylvania Schools project involving cost settlement services and the QAing of FFS billings Worked on schools billing initiatives in Rhode Island and New Jersey and Medicaid claiming projects in New Mexico and Pennsylvania Project Management Professional (PMP) Certification 35 year senior consultant with private consulting and state government, with experience in human service administration, financial management, funding alternatives, rate setting, service integration, and human services business process modeling and redesign Medicaid consultant in over 30 states in the last 15 years, initially while serving as a Medicaid consultant to the Robert Wood Johnson Foundation and the National Council of State Legislatures Former Assistant Director of the Colorado Division of Mental Health where he developed a financial auditing and cost reporting system for community mental health centers and other human service providers, developed a mental health managed care program, created a performance contracting system for the community mental health system, developed the Medicaid "clinic option" for Colorado mental health increasing revenues, and wrote and received approval for a 2176 Medicaid waiver in mental health

Exhibit C.2.1-1: Relevant Experience of Project Management Team, provides summary qualifications.

Siva Kakuturi, Project Director

Mr. Kakuturi. Project Director, has more than 25 years of software development and implementation experience, including web-based and Medicaid processing systems. Mr. Kakuturi's range of experience and expertise includes implementation of automated information systems for health and human service agencies as well as schools, comprehensive project management, planning, budgeting, and forecasting, systems integration and implementation support, and technical infrastructure and network design.

Mr. Kakuturi has strong expertise in designing, developing, and overseeing many schools billing, administrative claiming and eligibility systems projects. These include Mr. Kakuturi's architectural role in the design of our MAXCapture and e-SivicMACS systems. His designs also include a recent statewide implementation of the Kentucky schools RMTS and claiming system, Chicago Public Schools direct services claiming, and the development of the District of Columbia web-based Title IV-E cost allocation and administrative claiming system.

Becky Stoddard, Project Manager

Ms. Stoddard is an experienced Project Manager and Medicaid in School administrator, with 25 years of experience with the schools direct service billing, administrative claiming and cost reconciliation programs for the Kentucky Department of Education. For the State of Kentucky, she also managed the budgets for various Federal programs, creating MOAs, contracts and other financial documents. Ms. Stoddard has been active in national Medicaid in Schools issues with the National Alliance of Medicaid in Education (NAME), including serving as a Board Member. Since joining SSG, Ms. Stoddard has been the lead for the Florida schools Medicaid Administrative Claiming compliance program and regularly monitors and QAs cost reports submitted by the Massachusetts Departments of Youth Services and Mental Health to ensure that the data is accurate for the development of provider rates

Aaron Link, Corporate QA Officer/Advisory Committee

Mr. Link serves as Corporate Quality Assurance Officer for Sivic Solutions Group. He has certification as a Project Management Professional (PMP), with more than 20 years of experience working to deliver successful projects for public and private sector clients. He has worked on several successful Medicaid claiming projects including school based Medicaid projects. Mr. Link's range of experience and expertise includes the following:

- Managing the delivery of large software development and implementation projects for both Federal and State Agencies
- Implementation of automated information systems for health and human service agencies as well as schools
- Comprehensive project management, planning, budgeting, and forecasting
- Systems integration and implementation support

Bruce Berger, Medicaid Policy Advisor/Advisory Committee

Mr. Bruce Berger, a 35 year senior consultant with private consulting and state government experience, will be the Medicaid Policy Advisor. He will provide project guidance and coordination, utilizing his extensive experience in developing and negotiating the finalization of dozens of Medicaid State Plan Amendments and his knowledge of Medicaid regulations and rate setting.

Mr. Berger has extensive project management, rate setting, revenue maximization, service integration, and human services business process redesign experience. He has provided Medicaid consulting services for more than 30 states in the last 15 years, initially while serving as a Medicaid consultant to the Robert Wood Johnson Foundation, later for Maximus, Inc., and now as a revenue enhancement and financial consultant. He has worked on revenue maximization and enhancement projects in Florida, Indiana, Wisconsin, Pennsylvania, New Mexico, South Carolina, the District of Columbia and Nevada.

Mr. Berger also served as the Assistant Director of the Colorado Division of Mental Health and as the Assistant Director of the Colorado Office of Health and Rehabilitation Services. In these positions, he was responsible for all administrative functions, including revenue maximization, contractual development, rate setting and financial management, and was responsible for directing the Medicaid program in Human Services.

C.2.2. Team Leads

The second tier of staff consists of teams leads for each of the four functional project teams. *Exhibit C.2.2-1: Team Lead Qualifications*, depicts the qualifications of our proposed team lead management team. Detailed resumes are included in *Appendix A: Staff Resumes*.

Person	Proposed Role	Relevant Experience/Minimum Qualifications
Anna Mosby	Training Team Lead	<ul style="list-style-type: none"> Over 30 years' experience in project management, government and management consulting, finance, Medicaid claiming, business process, project management and developing and conducting user training Project Manager for District of Columbia public and charter schools time study and cost settlement project Provided initial statewide RMTS training for the Kentucky schools project Deputy Project Manager for development, implementation and training for Ohio's statewide integrated financial system Provided training in Ohio for the 88 counties on the 350 cost pool SSG random moment time study system, and provides ongoing training for the two District of Columbia child welfare time studies Extensive experience in Medicaid documentation requirements, the use of residential time studies, and compliance in Maryland's Medicaid Rehabilitative Option claiming project
Andrew Hotton	Help Desk/ Customer Support Team Lead	<ul style="list-style-type: none"> Experience in providing day-to-day assistance to a wide variety of clients Responsible for oversight and/or operation of all SSG time studies, which consists of 380 time studies, including recent New Jersey, Kentucky and Chicago Public Schools projects More than 20 years of application development and implementation Coordinated Medicaid and IV-E claims submissions and RMTS operations for 25+ clients, including schools projects in New Jersey, Florida, Los Angeles, DC, Kentucky, Missouri and Chicago Public Schools
Sergey Bubnov	Claim Operations Team Lead	<ul style="list-style-type: none"> Over 25 years of conversion analysis, data analysis, and other information technology experience

Person	Proposed Role	Relevant Experience/Minimum Qualifications
Suresh Muppala	Systems Team Lead	<ul style="list-style-type: none"> Lead operations support for multiple schools FFS projects Experienced in mapping existing legacy system data sets to a new model and performing extensive testing to ensure accurate data mitigation Experience in relational database management systems (RDBMS), data matching, and eligibility verification Over 30 years of systems development experience Led application development for all major SSG projects, including the e-SivicMACS RMTS and MAXCapture systems Software architecture and data design expertise Worked on the Burrows SAP and IT outsourcing, web-enabled time study and case management projects, as well as Medicaid billing projects in FL, MD, KS, MO, MS, NM, NJ, NY, CT, KY, AR, SC, and WI

Exhibit C.2.2-1: Team Lead Qualifications. The qualifications of Team Leads are presented.

Ann Mosby, Training Team Lead

Ms. Mosby is a seasoned consultant and project manager with more than 30 years' experience in government and management consulting, finance, Medicaid claiming, project management, time studies, business process, third party liability and fraud, waste and abuse services. She currently manages a project in the District of Columbia where SSG operates two time studies, and develops the annual cost settlement process for D.C. public and charter schools, and was the Lead Trainer for the Kentucky schools RMTS and MAC project.

Ms. Mosby was also Deputy Project Manager for a statewide project to develop and implement a web-based system to assist the Ohio State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and drawdowns based on these expenditures from the county budgets, and the overall management of county/state finances.

Ms. Mosby also conducted face-to-face training sessions for 88 Ohio counties in their use of SSG for the operation of 350 time studies, and conducts RMS training for the D.C. clients. Ms. Mosby has extensive experience in Medicaid documentation requirements in residential, social services, and schools time studies, which will be helpful in this project.

Andrew Hotton, Help Desk/Customer Support Team Lead

Mr. Hotton, a software engineer and Medicaid schools specialist for SSG, will be a Help Desk/Customer Support Team Member. Mr. Hotton has more than 20 years of experience in schools application development and operation, as well as providing technical training, help desk assistance, and claim testing. He has been involved in Medicaid school-based systems for Arizona, Missouri, New Mexico, Florida, Gary (IN), and San Diego (CA), along with systems development in early intervention, school billing, time studies, targeted case management billing and child welfare Title IV-E claiming.

Sergey Bubnov, Claim Operations Team Lead

Mr. Bubnov, the Lead for the Claim Operations Team, has supported and served numerous schools billing projects, will serve as the team lead responsible for BCSD billing. He has more than 25 years of client and web based Applications Development experience in a diverse range of settings, specializing in Medicaid school-based billing systems for Kentucky, South Carolina, New Mexico, and Arizona, and also system development in child welfare, retail, and health care research. On the South Carolina Schools Medicaid Claiming project, Mr. Bubnov provides data analysis and data processing tasks, focusing on automating data processing systems used to prepare claims, and systems support of the data capture, data integration and remittance advice modules. He also generated and verified monthly and quarterly reports to reflect the claimed amounts and the number of claimed services by different categories.

Suresh Muppala, Systems Lead

Mr. Suresh Muppala, who has more than 30 years of systems development and implementation experience, will be the Information Systems Lead for the project. He has served as the Lead Application Developer and Technical Team Leader on numerous projects, and involved in many school-based Medicaid claiming projects such as overseeing a large team in the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draws, and the overall management of county/state finances. The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system was successfully delivered on-time.

Mr. Muppala, Lead of the Systems Team, has more than 20 years of systems experience and has been responsible for the successful systems development for many school projects including schools in South Carolina

Mr. Muppala has also been responsible for specification, design, and development of the MAXCapture system, the web enabled service capture and third party billing system currently being used by six states, and e-SivicMACS, our time study and MAC claiming system. He is heavily involved in the current New Mexico projects, including the design and operation of the New Mexico DOH FIT Medicaid and third party billing capability, and providing overall operational and systems support to the South Carolina Lexington and Richland Counties Medicaid schools billing project.

C.2.3. Team Members

The third tier of staff consists of the team members of the functional teams. *Exhibit C.2.3-1: Team Member Qualifications*, depicts the qualifications of our proposed project management team. Detail resumes are included in Appendix A: Staff Resumes.

Person	Proposed Role	Relevant Experience/Minimum Qualifications
Chris Patton	Training Team Member	<ul style="list-style-type: none"> More than 20 years of extensive experience in Fee for Service and Administrative Claiming under the Medicaid in Schools program Project Manager of Florida district clients where assisted in the development of Florida Medicaid in Schools program procedures, from program design through implementation, including State Plan Amendment development Deputy Project Manager for the RMTS and Medicaid administrative claiming project for Kentucky schools, and Project Manager for Kentucky schools FFS claiming projects Regularly conducts training for the Massachusetts Departments of Youth Services (DYS) and Mental Health Service project (RMS), Chicago Public Schools (Medicaid Billing) and New Mexico Schools Medicaid Fee for Service Billing projects Initiated and maintains working relationships with the Florida Agency for Health Care Administration (AHCA), the Florida Department of Education (DOE), and the Florida's fiscal agent Assisted with operations to realize federal funding from the North Carolina and Georgia Medicaid in Education Fee for Service and Administrative Claiming programs Performed Quality Control reviews for federal/state eligibility programs and conducted revenue enhancement analysis of hospitals, laboratories, and other provider types
Terryn Murphy	Training Team Member	<ul style="list-style-type: none"> Over 15 years' experience of diverse industry experience in management of financial and data systems for Chicago Public Schools and major consulting firms Project Manager for the Pennsylvania Schools project involving cost settlement services and the QAing of FFS billings Project Manager for a New Jersey Department of Human Services Time Study project that includes operating 21 County RMTSs, collecting rosters, generating the samples, and summarizing quarterly results Trained statewide client staff in DC, Ohio and Kentucky Manager with Chicago Public Schools with responsibility for providing

Person	Proposed Role	Relevant Experience/Minimum Qualifications
Tom Klosek	Help Desk/ Customer Support Team Member	<p>interpretation of CMS guidance, oversight of Medicaid and SNAP claiming, including making improvements in the RMTS for administrative claiming (12 years), resulting in annual recovery of over \$72 million</p> <ul style="list-style-type: none"> Developed program manuals and provided training for public, non-public and charter related service providers on electronic reporting systems, Medicaid regulations, state qualifications and data interpretation Experience in web site development, HTML, and JavaScript to complete web portals and project development from design phase, developing requirements analysis, implementation, launch and integration between multiple teams for a successful roll-out Private consulting experience with BearingPoint and Arthur Anderson Oversees Quality Assurance for District of Columbia projects, including for the Departments of Health Care Finance, Human Services, Developmental Disabilities, Aging, and Behavioral Health More than 10 years of experience as an Information Technology professional with 10 years of experience Provides a range of IT supports to our projects, including support to end users through the Help Desk, assisting in RMTS training, support of IT Team staff with maintenance and troubleshooting, and data analysis and reporting tasks Assists in RMTS training
Erin Griffith	Help Desk/ Customer Support Team Member	<ul style="list-style-type: none"> Has over 10 years' experience in medical processing and time study and help desk consulting RMTS centralizing coding for the District of Columbia Public Schools and Kentucky Schools, and QA of District of Columbia child welfare RMTS (4 years) Help desk support team lead, and point of 1st contact for schools and other Medicaid and third party claiming clients Oversees schools transportation service encounter optical character recognition processing
Neil Bruins	Claim Operations Team Member	<ul style="list-style-type: none"> Over 25 years' experience as an application developer, specializing in Medicaid billing for rehabilitative services for child welfare residential facilities Experienced in SQL Server, VB, Access and web development Worked on Medicaid rehabilitative services projects in DC, WI, MD, AK, along with schools projects in Chicago, NJ, NM and NV
Mahendhar Mylaram	Claim Operations	<ul style="list-style-type: none"> More than 10 years of experience in software design, object oriented analysis, design and programming, integration and deployment of scalable multi-tier

Person	Proposed Role	Relevant Experience/Minimum Qualifications
	Team Member	<p>Internet, database and client-server based software solutions</p> <ul style="list-style-type: none"> Provides operations and systems support for multiple schools direct service billing projects Works as a MS SQL Server Database Developer in a Windows environment; designs dimensional/relational databases, tuning SQL queries to improve performance, and extracting and transforming data
Elmer Nietes	Systems Team Member	<ul style="list-style-type: none"> More than 20 years' experience in software development, including SQL Server, Visual Basic, and Access Provided development and operations support of Florida, New Mexico, and South Carolina schools projects Highly experienced tester using test tools and script generation Developed and maintained the Wisconsin HealthCheck billing system Experienced in scanning solutions and generation of scanning code logic
Nilesh Joshi	Systems Team Member	<ul style="list-style-type: none"> More than 15 years of experience in software design, object oriented analysis, design and programming, integration and deployment of scalable multi-tier Internet, database and client-server based software solutions Provides operations and systems support for multiple schools FFS projects Experience as an MS SQL Server Database Developer in a Windows environment Expert in designing dimensional/ relational databases, tuning SQL queries to improve performance, and extracting and transforming data Ohio County-based State-wide Cost Allocation Systems Development (CFIS Web) Project, 2011 -2012, .NET Developer/Systems Analyst .NET Developer/Systems Analyst on the Ohio County-based State-wide Cost Allocation Systems Development (CFIS Web) Project

Exhibit C.2.3-1: Team Member Qualifications. *The qualifications of team members are presented.*

Chris Patton, Training Team

Mr. Chris Patton has more than 20 years of extensive experience in Fee for Service and Administrative Claiming under the Medicaid in Schools program, and has recently lead the training and implementation of the Project Scheduling system for Orange County, FL. He currently provides services to many Florida district clients, and also serves as Project Manager for Kentucky SBAP county school districts being serviced by SSG and trained Kentucky school district staff on RMTS and cost reporting. Mr. Patton also regularly conducts training for the Massachusetts Departments of Youth Services (DYS) and Mental Health Service project (RMS), Chicago Public Schools (Medicaid Billing) and New Mexico Schools Medicaid Fee for Service Billing projects.

Mr. Patton was very active in the development of Florida Medicaid in Schools program procedures, from program design through implementation, including State Plan Amendment development. He initiated and maintains working relationships with the Florida Agency for Health Care Administration (AHCA), the Florida Department of Education (DOE), and the Florida's fiscal agent. His experience also includes North Carolina Medicaid Administrative/ RMTS and Fee for Service claiming and Georgia Fee for Service claiming. While with another major consulting firm. Mr. Patton also performed quality control reviews for federal/state eligibility programs and conducted revenue enhancement analysis of hospitals, laboratories, and other provider types.

Terryn Murphy, Training Team

Ms. Murphy has over 15 years of experience of diverse industry experience in management of financial and data systems for public and private sector service industries, including education, health care, finance and ecommerce. Ms. Murphy has trained statewide client staff on RMTS, cost reporting and financial systems implementation in DC, Ohio and Kentucky. She currently manages two Massachusetts time study rate setting and billing project and is the Project Manager for a New Jersey Department of Human Services Time Study project that includes operating 21 County RMTSs, collecting rosters, generating the samples, and summarizing quarterly results.

Ms. Murphy's professional experience includes private consulting experience with BearingPoint and Arthur Anderson and over 10 years of experience at Chicago Public Schools in Medicaid school based revenue maximization, and development and implementation of quality assurance procedures to reduce audit risks. Ms. Murphy developed program manuals and provided training for public, non-public and charter-related service providers on electronic reporting systems, Medicaid regulations, state qualifications and data interpretation.

Tom Klosek, Help Desk/Customer Support Team

Mr. Klosek is an Information Technology professional with 10 years of experience, including service with the United States Air Force, with preparation for his MBA, with a concentration in Cyber Security. He also provides a range of IT supports to our projects. His range of experience includes the following:

- Supports end users through the Help Desk
- Manages Customer Services for RMTS projects
- Assists in RMTS training
- Supports IT Team staff with maintenance and troubleshooting
- Conducts data analysis and reporting tasks
- Performs Coding and Quality Assurance for District of Columbia RMTS projects, including for the Departments of Health Care Finance, Human Services, Developmental Disabilities, and Behavioral Health

Erin Griffith, Help Desk/Customer Support Team

Ms. Griffith has more than 10 years of Customer Service and Office Administration experience, with increasing responsibilities in help desk and time study quality assurance functions. She is currently responsible for four (4) RMTS time studies and oversees the centralized coding of special education staff activities. She also interacts with school district staff in obtaining quarterly roster updates.

Neil Bruins, Claim Operations

Mr. Neil Bruins has over 15 years of experience as an Applications Developer in a diverse range of settings, specializing in Medicaid billing systems for rehabilitative services for Maryland, Wisconsin and for special education services for number of other States, scientific testing, accounting, education, retail, and legal environments. His range of project experience includes the following:

- Requirements analysis
- System and database modeling
- Software design and development
- System implementation
- System support

Mahendhar Mylaram, Claim Operations

Mahendhar Mylaram has more than 10 years of experience in software design, object oriented analysis, design and programming, integration and deployment of scalable multi-tier Internet, database and client-server based software solutions. He works as a MS SQL Server Database Developer in a Windows environment; designs dimensional/relational databases, tuning SQL queries to improve performance, and extracting and transforming data. Mr. Mylarm specializes in providing operations and systems support for multiple schools direct service billing projects.

Elmer Nietes, Systems Team

Mr. Nietes is a Software Engineer for SSG who has over 20 years of experience in application development and information system development. Mr. Nietes has specialized in RMS, TCM, and IV-E claiming systems in Oklahoma, Florida, Kansas, Connecticut, and New Mexico. He was the lead for the Kansas JJA IV-E claiming project and involved with the development and operation of the Kansas Social and Rehabilitation Services (SRS) data encounter project. He currently provides development support for the NM Schools Direct service Medicaid claiming project.

Nilesh Joshi, Systems Team

Mr. Joshi has over 15 years of experience in software design, object oriented analysis, design and programming, integration and deployment of scalable multi-tier Internet, database and client-server based software solutions. He has experience as an MS SQL Server Database Developer in a Windows environment. Mr. Joshi is an expert in designing dimensional/ relational databases, tuning SQL queries to improve performance, and extracting and transforming data. He was the .NET Developer/Systems Analyst on the Ohio County-based State-wide Cost Allocation Systems Development (CFIS Web) project, and continues in the expansion of the system.

D. TRANSITION PLAN [4.0.1.5]

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Provide a comprehensive Transition Plan for conversion from one vendor to another.

D.1 Knowledge Transfer

D.2 System Configuration, Testing, Training and Initial Implementation

E. OTHER INFORMATION – DESCRIPTION OF SSG TECHNICAL SOLUTION [3.0.3. 4.0.1.6]

4.0.1.6 Provide a description of the offeror's Medicaid billing. Provide a description of offeror's ability to document electronic health records, and Include a statement setting forth the offeror's availability to begin and perform the work.

E.1 Abide by BCSD and State Terms, Conditions, and Regulations

- a) Provide Medicaid processing services under the terms and conditions specified in the District's contract with the SC Department of Health and Human Services.*
- j) Comply with all regulations in the SC Department of Health and Human Service Medicaid Provider/ Local Education Agency manual.*

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E.2 How Our MAXCapture System Works

E.2.1 Medical Services Data Capture

- i) Provide and implement standard documenting procedures for service providers.*
- n) Provide an electronic documentation format for the service providers in the District using the most advanced methods available including electronic signature.*
- q) Provide templates to document accurately, securely and efficiently, all services provided to include group screenings.*
- aa) Provide a program capable of archiving students withdrawn and transferred from data population, allowing access to the student's record*

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w) *Provide user's ability to access multiple student records simultaneously for documentation, with appropriate safeguards.*

E.2.2 Claiming, Billing, Reconciliation and Rebilling

- o) Handle claims resolutions through the development of a claiming process for students and services that satisfies state and federal requirements.*
- r) Provide access to edit documentation and access to student records.*
- bb) Provide a program capable of archiving students withdrawn and transferred from data population, allowing access to the student's record.*

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E.2.3 Reporting

- f) Provide reports, at least quarterly, that summarize all claim lines entered, paid and rejected. The rejected claims must be resubmitted in a timely manner. The report will show which provider submitted claims by date during the quarter. A yearly report will also be provided.*
- l) Provide capabilities or reporting component to run detailed, accurate reports to the District as requested and include a service provider reporting component that will allow users to gather reports on data entered into the system that will correlate to the SC DHEC Nursing End of the Year Report and include reports that can be run daily showing all data entered in documentation.*
- v) Provide a system of identification of students through demographic student data (i.e. teacher name, grade, medical alerts and photograph) on documentation screen.*
- z) Provide administrators with capability to monitor student records for accuracy and quality improvement.*

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E.2.4 Maintain Health Records

s) Provide documentation components required by state and federal law for school-based services (i.e. controlled medication counts, medication logs, and individual health plans (IHP), templates, form letters and referral letters to include tracking mechanism components, daily logs of student encounters and daily items logged.)

aa) Provide immunization record component with capability of storing immunization information in each student's record that is accessible by nursing and transferred.

E.2.5 Provider Scheduling

- t) Provide ability for users to schedule future items, appointments and set reminders.*

E.2.6 Assistance in Developing Rates

- m) Work with the SC Department of Health and Human Services and the District in obtaining rates to secure maximum reimbursements.*

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E.2.7 Utilize Automated Medicaid Eligibility Identification Methods

h) Provide a system to identify Medicaid-eligible students using the most advanced electronic Medicaid eligibility verification methods available.

E.3 Interface with District Systems

b) Be able to interface with Power School, the student information system utilized by Beaufort County School District to include automatic or real time updates of current staff and students.

E.4 Technical Assistance and Training

c) Provide consultation services which shall consist of technical assistance on school-based services policy and procedures, onsite staff training and development, onsite records review for contractual and policy compliance and telephone availability of consultants. Technical assistance regarding prescription, evaluation, plan of care, progress notes, provider certification and other necessary documentation required for Medicaid billing, monitoring, auditing and state and federal laws.

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E.5 Implementation Timeline

- *d) Provide an implementation timeline, including rollover of student data and staff training.*

E.6 Conduct State Required QA Reviews & Assist During State Monitoring Visits

- e) Conduct the Medicaid Quality Assurance Review that is required under the District's Medicaid contract, and develop the Medicaid Quality Assurance Review Report that the District is required to submit to the State Department of Education.*
- k) Provide technical assistance for monitoring visits implemented by the SC Department of Health and Human Services and the State Department of Education.*

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E.7 Review, Revise and Document District Processes

g) Provide review and revision, as needed, of current district specific internal processes, procedures and forms for ongoing identification of Medicaid-eligible children, documentation and tracking required to maintain a clean service delivery and billing audit trail with Medicaid policies and procedures.

E.8 Conform to Security Requirements

- p) Comply with and keep apprised of current FERPA, HIPAA and confidentiality requirements by Medicaid and state and federal entities.*
- u) Provide secure electronic medical records to reduce liability for individual users and District.*
- x) Provide system reporting / logins for nurse substitutes or other school personnel.*
- y) Provide documentation portal for personal encrypted password- protected private notes to afford maximum security and privacy, not to be accessible from student record or by user other than original author of the private note.*

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E.9 Backup and Disaster Recovery

- cc) Provide back up and disaster recovery plan, to include archived files and accessible raw data.*
- dd) Provide an operational plan for use during network outages.*

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E.10 SSG Can Quickly Begin to Perform the Work

- *4.0.1.6 Include a statement setting forth the offeror's availability to begin and perform the work.*

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F. FINANCIAL STABILITY [4.0.1.7]

Each Offeror must provide their audited end of year financial reports for the last three (3) fiscal years. The financial statements should indicate a positive cash flow for three (3) years. Financial Stability is an Evaluation Criterion and it is an essential evaluation factor.

G. COSTS [4.0.1.8]

For direct billing services, provide your % rate per individual claim line paid by Medicaid as a result of claims filed by the contractor.

All costs will remain firm during the three (3) year contract period.

SSG understands these requirements and complies. Please see our cost proposal, sealed separately from this technical proposal, for details.

H. OBJECTIONS, EXCEPTIONS AND OBSERVATIONS [4.0.1.9]

All objections, exceptions and observations regarding the specified Services and requirements collated in a separate document with regards to specific Section to which the offeror objects, takes exception(s), or provide(s) observation

SSG has no objections, exceptions, and observations regarding the specified Services and requirements.

I. QUALIFICATIONS [5.0]

SSG has extensive experience in providing the requested services. The following sections provide our detailed experience and qualifications to satisfy the requirements of the RFP.

I.1 Five Years of Experience

a) The general history and experience of the business in providing work of similar size and scope. Five (5) year minimum.

Our proposed staff is a highly experienced team with Medicaid in Education qualifications in more than 35 projects in both direct care billing and administrative claiming services. *Exhibit I.1-1: The Number of Years of Experience for Relevant Medicaid Schools Projects*, presents 12 current projects in which the SSG proposed staff provide web based Schools Direct Service Billing and Administrative Claiming/Cost Settlement services. Some of these projects have been active for 15 years, which demonstrates that SSG and the team of staff we are proposing have extensive relevant experience.

In addition to these current projects, SSG staff have previously provided school s direct service billing services to New Jersey, Tennessee, California, Missouri, Nevada, Michigan, Arizona, Kansas, Connecticut, Maine, and the District of Columbia, along with billings to private insurance companies in the New Mexico Family Infant Toddler (FIT) program.

Project	Services	# of Years of Service
<u>Current Direct Service Billing Projects</u>		
Chicago Public Schools Direct Services Billing, Time Study, Administrative Claiming, and Rate Setting	Implemented Direct Service billing, rate setting, a RMTS to support Medicaid and Food Stamp (SNAP) administrative claiming, and assistance in Administrative Claiming	4 years
New Mexico Schools, covering over 90% of the State's students	Implemented and operates a school-based Medicaid fee-for-service claiming program through State's Medicaid Program	13 years
Florida Direct Services Billing and Therapist Scheduling	Developed and operates a unified position with state and federal agencies on behalf of major county school districts to: <ul style="list-style-type: none"> secure the most favorable direct services claiming for exceptional student education services therapist scheduling of student individual and group sessions 	14 years
New York Schools Direct Service Billing	Implemented Medicaid fee-for-service claiming program for 21 school districts and Nassau County Department of Public Health to obtain Medicaid reimbursement for the School and Preschool Supportive Health Services Programs	6 years
South Carolina Direct Services Billing	Designed, developed and operates a web-based system to capture data from therapists and submit Medicaid Claims for the services captured	15 years
Kentucky Schools Direct Services Billing	Developed and operates a web-based system to capture data from the therapists and claim Medicaid reimbursement	4 years
New Mexico Early Intervention Medicaid Direct Services and Third Party Billing	Process Medicaid claims on behalf of the Department of Health Family Infant Toddler program and submit claims to New Mexico MMIS and third party insurance companies	15 years
<u>Previous Direct Service Billing Projects</u>		
Projects in Kansas, Missouri, New Jersey, Maine, Connecticut, Arizona, Tennessee, California, Nevada and the District of Columbia	Operated a wide range of types of direct services projects, including district-specific, statewide and third party administrator projects	from 4 to 10 years

Current Administrative Claiming and Cost Settlement Projects

Pennsylvania Statewide Schools Cost Settlement and QA of Time Study Coding	<ul style="list-style-type: none"> Operate an annual cost reconciliation, cost settlement and rate setting process Conduct Quality Assurance of another contractor's centralized RMTS coding and Direct Service claiming documentation 	2 years
District of Columbia Public Schools (DCPS) Time Study and Cost Settlement	Develop, implemented and administers a web-accessible RMTS system for DCPS and charter schools, and annually prepare a cost settlement report	6 years
Missouri Schools Medicaid Direct Services Cost Settlement	Implementing a schools cost settlement services for Missouri's State Plan Amendment developed by SSG	3 years
Kentucky Statewide Schools Time Studies and Medicaid Administrative Claiming	Developed and operates a statewide Medicaid administrative claiming schools program	3 years
Florida Medicaid Administrative Claiming	Developed and operates Medicaid administrative claiming for Florida county school districts	2 years

Exhibit 2.A-1: The Number of Years of Experience for Relevant Medicaid Schools Projects, presents 12 projects in which SSG proposed staff currently provide Direct Service billing, Administrative Claiming, Cost Settlement, and Therapist Scheduling services.

I.2 Current Financial Position

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b) Information reflecting the current financial position. Include the most current audited financial statement and audited financial statements for the last three (3) fiscal years.

I.3 Detailed Description of Comparable Projects

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c) A detailed, narrative statement listing the three (3) most recent, comparable contracts (including contact information) which have been performed.

I.4 List of Similar Projects

d) A list of similar projects for which Offeror has performed, at any time during the past three (3) years, services substantially similar to those sought with this solicitation. Err on the side of inclusion; by submitting an Offer, Offeror represents that the list is complete. School District experience is desired.

To illustrate SSG's extensive experience with Medicaid in Schools Direct Billing, we provide the following details of similar projects in *Exhibit I.4-1 Relevant SSG Direct Service Billing Projects* (also provided in our proposal section B.2.2)

Project	Services Provided
Chicago Public Schools, Direct Service Claiming, both as Third Party Administrator and as Direct Services Capture Provider	<p>SSG provides Chicago Public Schools, the 4th largest district in the country, with fee-for-services Medicaid claiming services and Medicaid in Schools consulting services and includes the following direct services claiming services:</p> <ul style="list-style-type: none"> ■ Medicaid fee for service claim processing; ■ Service capture for charter school therapies and nursing; ■ Third party administrator services for the public school therapists and nurses; ■ Process transportation claims; ■ Conduct cost reconciliation and rate setting; ■ Collect Medicaid Administrative financial information into state system; ■ Provide ongoing consulting services on Medicaid regulations; ■ Perform quality reviews of fee for service claims; and ■ Provide training on Medicaid and other claim processing programs.
New Mexico Cooperative Educational Services Direct Service Billing	<p>SSG implemented a Medicaid fee-for-service claiming program to support 90% of the special education students in New Mexico schools. We established and implemented a quality assurance process to identify and resolve errors. SSG's specific services include:</p> <ul style="list-style-type: none"> ■ Provide full service end-to-end Medicaid claiming solution to most of New Mexico school districts and charter schools in Medicaid claiming; ■ Process Medicaid claims for special education services and submit to NM MMIS; ■ Provide on-line web based case management system to school districts to capture special education services; and ■ Provide ongoing support and training.
South Carolina Lexington/Richland Counties School District Direct Services Medicaid Claiming	<ul style="list-style-type: none"> ■ Designed and currently implementing a school district-wide project for seeking Medicaid cost recovery for services provided by eligible school district therapy, speech, behavioral, and nursing providers to students with disabilities; ■ Perform automated 270/271 Medicaid eligibility matches with the State MMIS; and ■ Lexington/Richland is one of the largest school district in South Carolina.

Project	Services Provided
Orange County (Orlando) Public Schools Direct Services Billing (also MAC and Therapy Scheduling)	<p>SSG implemented and continues to operate a school based Medicaid fee-for service claiming program, as well as a Medicaid Administrative Claiming program and associated RMTS. We also provide a therapist scheduling system for providers to schedule their students. SSG's specific services include:</p> <ul style="list-style-type: none"> Developed a unified position with state and federal agencies on behalf of major county school districts to secure the most favorable direct and indirect claiming for exceptional student education services; Conducted extensive and repetitive training sessions for Medicaid coordinators and service providers to ensure that everyone understood the program and could take advantage of all of the features of the SSG service capture module of our MAXCapture TPA system; Initiated and assisted school districts with enrollment as a Medicaid provider; Designed, developed and implemented software to operate and monitor necessary Medicaid billing functions; Established a quality assurance process to correct problems disallowances; Process Remittance Advices, posted claim status against claims, generated management reports and submitted to Client; and Colloborate with community providers to address change in reimbursement methodology to pre-paid mental health plans. <p>Recent additon:</p> <ul style="list-style-type: none"> Therapist scheduling of student individual and group sessions.
Florida Direct Services Billing Beyond Orange County (SSG is the largest vendor in Florida schools)	<p>SSG implemented and continues to operate a school based Medicaid fee-for service claiming program for many Florida county school districts. SSG's specific services include:</p> <ul style="list-style-type: none"> Developed a unified position with state and federal agencies on behalf of major county school districts to secure the most favorable direct and indirect claiming for exceptional student education services (SSG is the largest Florida vendor); Conducted extensive and repetitive training sessions for Medicaid coordinators and service providers to ensure that everyone understood the program and could take advantage of all of the features of the SSG service capture module of our MAXCapture TPA system; Designed, developed and implemented software to operate and monitor necessary Medicaid billing functions; Established a quality assurance process to correct problems disallowances; Process Remittance Advices, posted claim status against claims, generated management reports and submitted to Client; and Colloborate with community providers to address change in reimbursement

Project	Services Provided
Kentucky School District Direct Services Medicaid Billing	<p>methodology to pre-paid mental health plans.</p> <ul style="list-style-type: none"> Process Medicaid claims for special education services and submit to Kentucky MMIS; Provide on-line web based case management system to school districts to capture special education services; and Provide ongoing support and training.
New York School Districts Direct Services Medicaid Billing	<ul style="list-style-type: none"> Implemented Medicaid fee-for-service claiming program for 18 school districts to obtain Medicaid reimbursement for the School and Preschool Supportive Health Services Programs; Provide on-site training of service providers; Produce and reconcile claims; and Provide guidance to school and county administrators on all new policy developments issued by the State Education Department and the Department of Health.
New Mexico Early Intervention Medicaid Direct Services and Third Party Billing	SSG process Medicaid claims on behalf of the Department of Health Family Infant Toddler program and submit claims to New Mexico MMIS and third party insurance companies.

Exhibit I.4-1: Relevant SSG projects illustrate SSG's significant experience with Medicaid Billing projects.

I.5 Understanding of Industry Standards and Best Practices

e) Must have a clear understanding of industry standards and best practices.

By selecting Sivic Solutions Group (SSG), a 19 year old New York based Limited Liability Company offering consulting, systems, and operations support and services, the Beaufort County School District (BCSD) can be assured of a well-qualified vendor and an experienced Team to provide services related to Medicaid Billing. Our firm has been entrusted with an increasing number of States and School Districts, primarily because of our experienced staff and exceptional systems capacities.

Our staff are well qualified in Medicaid cost recovery for schools in more than 15 states, with a demonstrated base of experience with school districts around the country, including large projects currently in Chicago, Florida, South Carolina, Pennsylvania, New Mexico, District of Columbia, New York and Kentucky, and previous projects in New Jersey, Tennessee, California, Missouri, Nevada, Michigan, Arizona, Kansas, Connecticut, Maine, and the District of Columbia. From this experience, we have a clear understanding of industry standards and best practices.

I.6 Appropriate Certifications, Licenses and Permits

f) Offeror shall provide with their proposal copies of all appropriate certifications, licenses and permits, as well as evidence to support the documentation.

Sivic Solutions Group is an approved Medicaid submitter to process Medicaid claims in each of our client states.

I.7 Knowledge of Federal, State, Local and District Requirements

g) Must have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of South Carolina, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the District shall be followed with respect to the contract.

SSG staff have been working with Medicaid claiming projects for more than 15 years. Our team's experience includes involvement in more than 35 projects in financing and implementation consulting services, including schools direct service claiming.

Using this experience and familiarity with the South Carolina Local Education Agency Medicaid Provider Manual, SSG will comply with all federal, state and local laws, statutes, ordinances, rules and regulations. We will also comply with all laws of the State of South Carolina and all statutory, charter, and ordinance provisions that are applicable to public contracts in the District.

I.8 Capacity to Obtain Required Insurance, Bonds and Escrows

h) Must have the capacity to acquire all bonds, escrows or insurance as outlined in the terms of this RFP.

Per Solicitation section 7.1.19, the Performance Bond requirement is not applicable to this solicitation. Should this become a requirement in the future, SSG can comply. Additionally, escrow requirements are not detailed in the solicitation document. We will review them with BCSD if it becomes a requirement. SSG meets all of the insurance requirements detailed in the Solicitation.

I.9 Failed Projects, Suspensions, Debarments and Significant Litigations

i) List of failed projects, suspensions, debarments, and significant litigation.

SSG has no failed projects, suspension, debarments, or significant litigation to share in response to this requirement.

I.10 References

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- j) *List of at least five (5) references of similar projects for these services.*

APPENDIX A: STAFF RESUMES

APPENDIX A: STAFF RESUMES

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Siva Kakuturi
Project Director

Qualifications

Mr. Kakuturi serves as President of Sivic Solutions Group. He has more than 25 years of software development and implementation experience including with .NET. With responsibility for multiple active development and operations projects at any one time, Mr. Kakuturi's range of experience and expertise includes the following:

- Design and development of custom application software
- Implementation of automated information systems for health and human service agencies as well as schools
- Comprehensive project management, planning, budgeting, and forecasting
- Systems integration and implementation support
- Technical infrastructure and network design

Relevant Experience

Chicago Public Schools Medicaid Claiming and Supportive Services: Mr. Kakuturi is the Project Director for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

New Mexico Schools Medicaid Fee for Service Billing: Mr. Kakuturi serves as the Project Director, and formerly as the technical director for the project, responsible for system analysis, system architecture, database design, budget and scope management. The system captures and maintains information on enrolled students, physician authorizations, Medicaid eligibility, service providers and provider licenses, and various types of services delivered. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from MAXCapture-I[®] is processed using customized state specific business rules and claims are submitted electronically to the State's medical assistance system in the mandated standard HIPAA format. The electronic Remittance Advice (RA) from State's system is processed and various management reports are generated.

Pennsylvania Department of Human Services Schools Medicaid Claim Monitoring and Cost Settlement: Mr. Kakuturi is the Project Director for the State of Pennsylvania DHS project. The project consists of the monitoring of Fee-for-Service Claims as well as Random Moment Time Study results. In addition, SSG is responsible for the end of the year cost settlement and rate calculation process.

District of Columbia Public Schools Time Study and Cost Settlement: Mr. Kakuturi is the Project Director for the District of Columbia Public Schools (DCPS) project to implement and administer a web-accessible RMS time study system to identify and document special education staff activities, provide centralized coding to improve accuracy and relieve DCPS of having to select activity codes. The Project involves training to stakeholders and supervisory staff and collecting cost information for the DCPS and DCPCS (Charter Schools) contracted staff involved with special education direct services delivery and support. SSG staff also prepares cost settlement reports for DCPS submission to the Department of Health Care Finance.

Kentucky Medicaid Schools Administrative Claiming: Mr. Kakuturi is the Project Director for the development of the State's quarterly Medicaid Administrative Claim. Services include administering a web-accessible RMTS system (e-SivicMACS time study module) to identify and document special education staff activities, receiving and maintaining staff rosters, providing central coding, conducting independent random QA review of coded activities, quarterly producing RMTS results and providing trend analysis reports on participation rates, activity code selection, and other performance measure, and quarterly, collecting and editing school district financial data and developing the Medicaid administrative claim using e-SivicMACS. Training for RMTS participants and financial staff was provided for project initiation and updates are provided annually.

Arizona Medicaid Administrative Claiming and Fee For Service Program: Mr. Kakuturi served as technical director and was responsible for the system development schedule, budget management, scope management, system architecture, system design, and technical guidance to team members. The system was designed to capture special education services, process Medicaid claims, and support fiscal agent processes including extensive business rules and payments to providers. Medicaid-eligible students were identified using an extensive set of matching criteria. Claims were received from local educational authorities (LEAs) and billing agents, processed and submitted electronically to AHCCCS System in HIPAA compliant format. As part of the project's scope, we processed all electronic remittance advices and distributed payments to LEAs. The system generated all standard and ad hoc management reports on a regular basis.

District of Columbia Office of Chief Financial Officer Time Studies and Indirect Cost Rates: Mr. Kakuturi is the Project Director for the implementation and operation of web-based RMTS for the Department of Health Care Finance (DHCF), Department of Disability Services (DDS), Department of Behavioral Health (DBH), and Office of Aging (DCOA). SSG also develops annual Indirect Cost Rates and CAP changes for DDS, DHCF, DCOA and DBH.

Ohio County Financial Information System (CFIS) Web System Development: Mr. Kakuturi is the Project Director and architect for the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draw downs based on these expenditures from the county budgets, and the overall management of county/state finances. The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system was developed to be extremely flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement:

Mr. Kakuturi is the Project Director for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. The services being provided include improving the claiming infrastructure to support Medicaid reimbursement for residential congregate care, implementing Medicaid Targeted Case Management claiming for the new Office of Clinical Practice Nurse Care Coordination functions, identifying and implementing Title IV-E candidate for foster care and private agency administrative claiming, implementing three (3) time studies, development of an Agency Cost Allocation Plan (CAP), and assist in the initial development of Title IV-E rates for residential treatment and private agency foster care programs.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, President, October 2008 - Present

Maximus, Inc., Little Falls, New York, 2002 – September 2008

Vice President, 2006 – 2008

Senior Director, 2004 – 2006

Technology Director, 2002 – 2004

VishnuSoft LLC, Little Falls, New York, President, 1998 – 2002

Burrows Paper Corporation, Manager, Computer Information Services, Little Falls, New York, 1993 – 1998

Bristol-Myers Squibb Company, Inventory Control Analyst, Syracuse, New York, 1993

Sree Shakthi Agro Oils Pvt., Ltd., Executive Director, India, 1987 – 1991

Education

M.S., Industrial and Management Engineering, Rensselaer Polytechnic Institute, Troy, New York, June 1993

B.Tech., Mechanical Engineering, Nagarjuna University, India – City: Vijayawada, State: Andhra Pradesh, May 1987

Technical Experience

CISC and RISC based systems, and HP3000, IBM mainframe systems

WindowsNT, Windows2000, UNIX, MPEix, Linux, and Novell Netware

Java, C, C++, VB, PowerBuilder, Fortran, COBOL, ABAP

Oracle, SQL Server, TurboImage, Sybase, MS Access

Becky Stoddard
Project Manager

Qualifications

Ms. Stoddard is an experienced Project Manager and Medicaid in Schools administrator, with more than 25 years of experience with the schools direct service billing, administrative claiming and cost reconciliation programs for the Kentucky Department of Education. She also managed the budgets for various Federal programs, creating MOAs, contracts and other financial documents. Ms. Stoddard has been active in national Medicaid in Schools issues with the National Alliance of Medicaid in Education (NAME), including serving as a Board Member. Ms. Stoddard researches Medicaid in Schools issues, conducts quality assurance reviews for school district data submissions and is the lead for the Florida schools Medicaid Administrative Claiming program, ensuring compliance and assisting the school districts. She also provides QA services for RMTS and cost reporting projects.

Relevant Experience

Florida School Districts Medicaid Administrative Claiming: Ms. Stoddard is the lead for the Florida schools Medicaid Administrative Claiming compliance program. She also assists in the development of the quarterly RMTS roster updates and reviews school district participation levels.

Massachusetts Departments of Youth Services and Mental Health Service Rate Development and Medical Billing: Ms. Stoddard monitors and QAs cost reports submitted by the Departments of Youth Services and Mental Health to ensure that the data is accurate for the development of provider rates.

Pennsylvania Department of Human Services Schools Medicaid Claim Monitoring: Ms. Stoddard conducts a review of the cost reports from the school districts.

Kentucky Department of Education: At the Kentucky Department of Education as a State employee, Ms. Stoddard was responsible for a wide array of functions related to Medicaid in Schools, last serving as the Medicaid Manager for the School-Based Medicaid Program. Ms. Stoddard oversaw Direct Billing Medicaid program, Administrative Claiming program and Cost Reporting program for 158 school districts. She provided vendor management and developed RFPs and contracts for statewide vendors for the Administrative Claiming Program on behalf of the Department of Education. She also worked closely with the Department for Medicaid Services (DMS) in their RFP for the Cost Reporting/Cost Settlement statewide vendor selection.

Ms. Stoddard monitored an average of 60 school districts annually. She approved 158 Medicaid applications for the Fee-for-Service program annually. She worked closely with DMS in the development of the School Based Medicaid State Plan Amendment for Kentucky. In addition to her Medicaid in Schools work, Ms. Stoddard also managed the budgets for various Federal programs, creating Memoranda of Agreement (MOAs) between units of government, and developed contracts and other financial documents.

Professional History

Sivic Solutions Group, LLC, New Hartford, New York, Project Manager, 2016 – Present

Kentucky Department of Education, Frankfort, Kentucky, Medicaid Manager for the School-Based Medicaid Program. 1991 - 2016

Education

A.D, Kentucky State University, Frankfort, Kentucky, 2000

Certifications and Membership in Professional Organizations

National Alliance of Medicaid in Education (NAME): Ms. Stoddard served as Board Member, chairing the By-Law Committee and Education and Research Committee, assisting in the development of the Biannual Surveys, serving on many committees, and presenting at four annual conferences.

Aaron Link
Corporate QA Officer

Qualifications

Mr. Link serves as Director of Operation for Sivic Solutions Group. He has more than 20 years of experience working to deliver successful projects for public and private sector clients. Mr. Link's range of experience and expertise includes the following:

- Managing the delivery of large software development and implementation projects for both Federal and State Agencies
- Design and development of custom application software
- Implementation of automated information systems for health and human service agencies as well as schools
- Comprehensive project management, planning, budgeting, and forecasting
- Systems integration and implementation support
- Training of end users on new software

Relevant Experience

Chicago Public Schools Medicaid Claiming and Supportive Services: Mr. Link servers as the assistance project manager and Quality Assurance Manager for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

Pennsylvania Department of Human Services Schools Medicaid Claim Monitoring and Cost Settlement: Mr. Link servers as the project manager and Quality Assurance Manager for the State of Pennsylvania DHS project. In these roles, Mr. Link assists and project manager and ensures that SSG staff are meeting contractual requirements and deploying successful project management practices for a successful implementation of the contract. Mr. Link also providers the DHS stakeholders a knowledgeable escalation resource and point of contact throughout the duration of the project. The project consists of the monitoring of Fee-for-Service Claims and Random Moment Time Study results. In addition, SSG is responsible for the end of the year cost settlement and rate calculation process.

Missouri Schools Medicaid Direct Services Cost Settlement: Mr. Link is the project manager for the development of the State's State Plan Amendment and subsequent annual implementation of a cost settlement process for Missouri's direct services cost settlement program. Services include:

- Annually collect cost information, IEP Medicaid ratios, and Transportation Medicaid ratios for all State school districts
- Access RMTS results to allocate costs to direct services
- Calculate Medicaid allowable Medicaid costs based on direct care costs, other costs, adjustments, indirect costs and Medicaid ratios
- Prepare cost settlement reports for submission to the Medicaid Division for payment or credit against prospective direct service payments

Rhode Island Public Schools IEP and Fee for Service Claiming: Mr. Link was the lead on the configuration and implementation of a software system that allowed all school districts to complete the IEP process. Once services were delivered, then Mr. Link assisted with the system integration to allow for claims to be generated for billing the State MMS.

New Jersey Public Schools IEP Software Implementation: Mr. Link was the project manager for the operations and training of more than 30 school districts across the State of New Jersey on software for fulfilling the requirements of the IEP process.

Rhode Island Public Schools Random Moment Time Sampling: Mr. Link managed the project for completing random moment time sampling to generate data for creating a quarterly Medicaid Administrative Cost claim.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Director of Operations, June 2016 - Present

Lexmark, Lenexa, Kansas, September 2011 – June 2016

Manager of Retail Signage Group

Senior Project Manager for Public Sector Division

Maximus, Inc., Reston, Virginia, Principal Consultant, August 2005 – August 2011

City of Manhattan Beach, California, Management Intern, July 2005 – July 2005

Metropolitan Transportation Authority, Los Angeles, California, Intern, September 2004 - June 2005

City of Ellisville, Missouri, Assistant to the City Manager, 2002 - 2004

Education

Master of Public Administration (MPA) from the University of Southern California, Los Angeles, May 2005

B.S. in Public Administration from the Indiana University, Bloomington, May 2001

Other Experience

Certified Project Manager Professional (PMP)

Community Advisory Committee Member for the Healthcare Foundation of Greater Kansas City

Alumni of the Kansas City Chamber of Commerce Centurions Leadership Program

Kansas City Public Television Board of Directors Committee Member

Maximus Project Manager of the Year 2011

Beaufort County School District

Medicaid Direct Billing Services

RFP # 18-014

Bruce Berger
Medicaid Policy Advisor

Qualifications

Mr. Berger has 35 years of experience in state government as a management consultant and senior level administrator. The range of his professional experience includes the following:

- Medicaid Revenue Enhancement
- Medicaid Administrative Claiming
- Level of Care Assessment Tool Development
- Medicaid, Medicare, and Title IV-E Rate Setting
- Program Development
- Feasibility/Impact/Time and In-house Studies
- CAP Development and Negotiations
- Development of Federal Waivers, State Plan Amendments, Grant Proposals
- Medicaid Policy and Services Implementation

Relevant Experience

Mr. Berger is associated with Sivic Solutions Group, LLC as a policy advisor after serving for eight years as Vice President and National Practice Manager for Medicaid Revenue Maximization and Consulting Services for Maximus, Inc.

AmeriGroup/Wellpoint Managed Care, Analysis of State Medicaid Financing Mechanisms

Mr. Berger and other SSG staff conducted analyses of state Medicaid programs for three states, including hospital supplemental payments under state Medicaid rules, upper payment limit policies, and other critical features of the state Medicaid programs.

State of South Carolina, Revenue Enhancement: Mr. Berger participated in the project by developing and implementing revenue enhancement strategies in the areas of mental health, alcohol and substance abuse, and developmental disabilities. He identified opportunities in Mental Health that resulted in revenue to the State of \$11 million per year.

Maryland Rehabilitative Services Quality Assurance: Mr. Berger was the Medicaid Specialist for the SSG contract with the Department of Human Resources (DHR) and Department of Juvenile Justice (DJS) to conduct a quality assurance review of the provider's clinical records to determine compliance with the Medicaid Department's Rehabilitative Services requirements. The initial report of the first 40 facilities that identified several compliance areas were delivered in June 2010, with an additional 53 providers reviewed in 2010 and into 2011. This project is associated with the SSG contract to edit, process, and claim to the State MMIS the Medicaid billings, including remittance advice, reconciliation of payment status, and reporting and analysis of payment records.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement:

Mr. Berger is the Medicaid Specialist for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. The services being provided include improving the claiming infrastructure to support Medicaid reimbursement for residential congregate care, implementing Medicaid Targeted Case Management claiming for the new Office of Clinical Practice Nurse Care Coordination functions, identifying and implementing Title IV-E candidate for foster care and private agency administrative claiming, implementing three (3) time studies, development of an Agency Cost Allocation Plan (CAP), and assist in the initial development of Title IV-E rates for residential treatment and private agency foster care programs.

Assistant Director, Office of Health and Rehabilitation Services, Colorado Department of Human

Services: Mr. Berger oversaw an annual budget of over \$500 million and was responsible for all administrative functions within the Office, including budget, finance, accounting, auditing, contracting, legal services, personnel, purchasing, and reimbursement services. Mr. Berger also had the delegated responsibility for directing the Medicaid program and included participation in the development and implementation of managed care, contribution to the development of the first "AAA" rated, double tax exempt bond program for developmental disabilities centers in the country and directing the rate setting for all community based and facility based programs.

Colorado Division of Mental Health: Mr. Berger worked in two key senior-level positions, Assistant Director and Budget Director, where he created a performance contracting system for the community mental health system that is now used as a model nationwide, wrote and received approval for a 2176 Medicaid waiver in mental health, implemented the "rehabilitation option" of Medicaid in Child Welfare, Juvenile Justice, and Mental Health and established an RMS system to collect data for rate setting, and developed the DSH Program, the provider tax program and Medicaid administrative claiming programs.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Project Manager, 2009 – Present

Maximus, Inc., Reston, Virginia, Revenue Services Division, 2000 – December 2008

Vice President – 2004 to 2008

Director, 2001 – 2004

Senior Manager, 2000 – 2001

DMG-Maximus, Inc., Health and Human Services Consulting Division, Northbrook, Illinois, Senior Manager, 2000

Colorado Department of Human Services, Office of Health and Rehabilitation Services, Denver, Colorado, Assistant Director, 1995 – 2000

Colorado Department of Institutions, Division of Mental Health, Denver, Colorado, 1978 – 1995

Assistant Director, 1982 – 1995

Budget Director, 1978 – 1982

Colorado Department of Health, Denver, Colorado, Assistant Director, Air Pollution Control Division, 1975 – 1978

Target Stores, Inc., Denver, Colorado, Store Manager, 1968 – 1975

Education

B.S., Business Administration, University of Nebraska, Omaha, Nebraska

Beaufort County School District

Medicaid Direct Billing Services

RFP # 18-014

Anna Mosby
Training Team Lead

Qualifications

Ms. Mosby has over 30 years experience in government and management consulting, finance, project management, Medicaid claiming, time study implementations, third party liability, and fraud waste and abuse, business process re-engineering, productivity improvement, investments and portfolio management.

Relevant Experience

Pennsylvania Department of Human Services Schools Medicaid Claim Monitoring and Cost Settlement:

Ms. Mosby is Project Manager for the State of Pennsylvania DHS project which involves the monitoring of Fee-for-Service Claims and Random Moment Time Study results. In addition, SSG is responsible for the end of the year cost settlement and rate calculation process and conducting QA reviews of direct services claims.

Kentucky Medicaid Schools Administrative Claiming: Ms. Mosby was the lead Trainer for the implementation and operation of the State's quarterly Medicaid Administrative Claim, training staff on responding to the Random Moment Time Samples (RMTS), and collecting data necessary for the administrative claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data and developing the Medicaid administrative claim.

District of Columbia Public Schools Time Study and Cost Settlement: Ms. Mosby is the Project Manager for the District of Columbia Public Schools (DCPS) project to implement and administer a web-accessible RMS time study system to identify and document special education staff activities, provide centralized coding to improve accuracy and relieve DCPS of having to select activity codes. Ms. Mosby conducts training to stakeholders and supervisory staff and assists DCPS and DCPCS (Charter Schools) in monitoring RMS participation and auditing. SSG collects cost information for the DCPS and DCPCS contracted staff involved with special education direct services delivery and support. SSG staff also prepares cost settlement reports for DCPS submission to the Department of Health Care Finance.

Ohio Department of Jobs and Family Services County Random Moment Sampling (RMS): Ms. Mosby was the lead Trainer for the project where SSG configured the SSG e-SivicRMS system for 88 counties and over 350 different time studies, covering all department social services programs. She, along with Siva Kakuturi, Project Director, trained over 300 county RMS coordinators and State system administrators on the operation of the system

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement:

Ms. Mosby is a Consultant for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. She is specifically identifying strategies to improve the claiming infrastructure to support Medicaid reimbursement for residential congregate care, and conducting training of Agency and private agency staff on the RMTS operated by SSG

Third Party Liability (TPL) Practice Development: Ms. Mosby directed a nationwide assessment of Third Party Liability and the feasibility and viability of aggressively entering this market. She coordinated research gathering and assessment as well as a thorough nationwide market, SWOT, and cost-benefit analysis of the TPL opportunity. Ms. Mosby also led the design and development phases of a comprehensive, innovative, customer-centric prototype TPL solution.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, NY, Principal Consultant, 2011 - Present

AEM Consulting, LLC, Upper Marlboro, Maryland, Founder and President, 2009 – 2011

Maximus, Inc., Reston, Virginia, 1998 – 2009

Vice President, Financial Services

Director Revenue Services Division, 2003 – 2007

Senior Manager Revenue Services Division, 1998 – 2003

Windermere Information Technology Systems, Annapolis, Maryland, Program Manager, 1996 – 1998

Washington Metropolitan Area Transit Authority, Washington, DC, 1986 - 1996

Investment Manager

EFT Project Manager

Cash Receipts and Disbursements Section Manager

Budget Manager

Education

Master of Divinity, with honors, Howard University School of Divinity, December 2003

MBA, Loyola University, Maryland, May 1994

Bachelor of Business Administration (BBA) *cum Laude*, concentration in Finance, University of the District of Columbia, Washington, D.C., May 1986

Chris Patton
Training Team

Qualifications

Mr. Patton has more than 20 years of extensive experience in Fee for Service and Administrative Claiming under the Medicaid in Schools program. Mr. Patton oversees Medicaid in Schools claiming for district clients in the State of Florida, and other locations as needed. He also has extensive experience in providing business process outsourcing services to the healthcare and public sector environments. He is knowledgeable about the health care industry, as well as an excellent team builder and communicator.

His range of experience includes the following:

- Assisted in the development of statewide Florida Medicaid in Schools program procedures from program design through implementation, beginning in 1994
- State Plan Amendment development
- Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) plans for schools
- Administrative Outreach Claims (AOC)/RMTS for schools
- Fee for Service billing for schools
- Assisted in development and implementation of Therapist Scheduling System
- Quality Control systems for federal/state eligibility programs
- Revenue entitlement reviews of hospitals, laboratories, and other provider types
- Federal entitlement program policy and analysis
- Revenue maximization
- Medical care conversions
- Information system analysis, system design, development and implementation
- Staff development

Relevant Experience

Florida School Districts Direct Services Billing, Medicaid Administrative Claiming and Therapist Scheduling System: Mr. Patton provides revenue maximization services allowing school districts to access federal Medicaid reimbursement. He manages the Florida based office, where he is responsible for providing client services to Florida districts. This entails: initiating and maintaining working relationships with the Florida Agency for Health Care Administration (AHCA), the Florida Department of Education (DOE), and the Florida's fiscal agent; and assisting in development of State Plan Amendments. Mr. Patton helped establish and monitors direct service rates; developed and maintains charge capture procedures; developed and implemented all the support systems needed for claim reimbursement processes and procedures; evaluates the credentials of school staff against state requirements; establishes and maintains all claim documentation standards, and reviews the Florida Exceptional Education service delivery models for Medicaid in Schools reimbursement enhancements. Mr. Patton also supports Medicaid Administrative Claiming and Therapist Scheduling for many of the Florida districts.

Kentucky School-Based Billing: Mr. Patton is the Project Manager for the Kentucky school districts utilizing SSG services to obtain Medicaid funding from the Fee for Service program. He assists the Districts in the maintenance of student, service provider, student's authorized services, and service provider's license data. He also assists school districts in identifying and resubmission of claims as a result of the electronic RA reports from the Medicaid Agency, conducts annual re-training and assists in policy and operational issues.

RMS and Schools Medicaid Billing Training: Mr. Patton regularly conducts training for the Massachusetts Departments of Youth Services (DYS) and Mental Health Service project (RMS), Chicago Public Schools (Medicaid Billing) and New Mexico Schools Medicaid Fee for Service Billing project.

Kentucky Medicaid Schools Administrative Claiming: Mr. Patton is the Assistant Project Manager for the implementation and operation of the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Georgia Medicaid in Education, Revenue Maximization: Mr. Patton assisted with operations to realize federal funding under the Title XIX Medicaid program for school districts in the State of Georgia. The project involved developing, implementing, and monitoring systems and procedures to collect direct service delivery data and related claiming activities. He also prepared all necessary documentation required to comply with federal and state requirements.

North Carolina Medicaid in Education, Revenue Maximization: Mr. Patton assisted with operations to realize federal funding from the Fee for Service and Administrative Claiming (RMTS) program for school districts in the State of North Carolina. The project involved developing, implementing, and monitoring systems and procedures to collect direct service delivery and time study data and related claiming activities. He also prepared all necessary documentation required to comply with federal and state requirements.

Professional History

Sivic Solution Group LLC (SSG), New Hartford, NY, Project Manager, 2012 - Present
Cost Management Services, Tampa, FL, Manager, 1994 - 1997 and 2003 - 2012
Deloitte and Touche Consulting, East Brunswick, NJ, Senior Consultant, 1997 - 2003

Education

B.A., Business Administration, Shippensburg University, Shippensburg, PA., 1994

Terryn E. Murphy
TrainingTeam

Qualifications

Ms. Murphy has over 15 years experience of diverse industry experience in management of financial and data systems for public and private sector service industries, including education, health care, finance and e-commerce. Ms. Murphy's professional experience includes:

- Project management and technology consultant
- Manager, Office of Diverse Learner Supports and Services for Chicago Public Schools with responsibility for providing required services to students while maximizing federal revenue to support student needs
- Extensive nationwide experience with Medicaid reimbursement for school service
- Project Manager for rate setting, time study and Medical claiming services for social service agencies
- Conducts time study training for SSG projects

Relevant Experience

Massachusetts Departments of Youth Services and Mental Health Service Rate Development and Medical Billing Project

Ms. Murphy is the Project Manager for the SSG contract with the University of Massachusetts Medical School, providing Rate Development and Time Study services for both agencies and Medical Billing services for the Department of Mental Health.

New Jersey Department of Human Services Time Studies: Ms. Murphy is the Project Manager for a project that includes operating 21 County RMTSs, collecting rosters, generating the samples, and summarizing quarterly results. SSG began the project by implementing a four (4) county pilot to finalize the configuration of our e-SivicMACS RMS system and provided onsite and Webinar training sessions to RMTS participants and followed up with additional training.

District of Columbia Department of Human Services and Department of Health Care Finance Time Studies: Ms. Murphy assists Dr. Lower and other SSG staff in training Department staff on how to use the SSG e-mail web-based e-SivicMACS system.

Kentucky Medicaid Schools Administrative Claiming: Ms. Murphy assisted Dr. Lower and other SSG staff in providing RMTS training during the implementation of the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Chicago Public Schools (CPS) as City Employee

Office of Diverse Learner Supports and Services, Manager

- Designed and managed data systems, software design, hardware purchases, computer connectivity, training, and help desk support
- Developed and provided service delivery management reports to service providers, managers and CPS leadership
- Provided Medicaid program leadership to maximize federal revenue, including cooperation with colleagues to testify in opposition to federal CMS-proposed regulations to eliminate reimbursements and provided key contributions for legislative and regulatory briefings in Washington, DC and Springfield, IL
- Created a new process and communication strategy for Medicaid Administrative Outreach Claim that resulted in \$12M annual Medicaid reimbursement with district-wide program compliance consistently at 99%
- Approached the State Medicaid Agency that resulted in CMS approval to provide Medicaid funding for Saturday evaluations
- Developed the requirements and procedures for a Case Manager nomination, with an associated stipend payment
- Identified and developed a strategy to save District funds by decreasing the utilization needs for outside technical vendors supporting 1,500+ school-based providers by developing a “Tech Day” and creating “How-To” manuals
- Developed requirements and process for a Position Analysis Review Form (PARF) for use by central office leadership, programmers and school principals
- Ensured that District goals, related performance management measures and budgeted resources were aligned for effective service delivery, e.g. achieved 92% compliance on monthly checking account reconciliations by 600+ schools

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, NY, Senior Consultant, 2014 - Present

Chicago Public Schools, Manager, Office of Diverse Learner Supports and Services, 2003 - 2014

Bearingpoint, Inc. (formerly KPMG Consulting), Chicago, IL, Consultant, 2002 – 2003

Arthur Andersen, Chicago, IL, Lead Technology Consultant, 2002

Education

B.S., University of Illinois, Champaign, IL, College of Business Administration, Management Information Systems

Other Experience

Treasurer of neighborhood organization – Bronzeville Area Residents and Commerce Council

Founder and former President of Bronzeville Community Cares, a youth development program

Former Board Member of Girls on the Run and teacher of student’s life skills through running

Andrew Hotton
Help Desk/Customer Support Team Lead

Qualifications

Mr. Hotton has over 20 years of experience in application development and information system implementations. His range of experience includes the following:

- Lead SSG operations staff person for the configuration, implementation and operation of most SSG web-based RMTS projects
- Development and maintenance of client/server applications including school-based billing systems and data warehouse platforms
- Administration of MS SQL Server databases
- Analysis of data for Title IV-E, XIX, and TANF projects
- Development of customized software using VB, C++ and SQL
- Requirements analyses and user documentation for new applications as well as system upgrades
- Business and systems analysis expertise with specific business knowledge of Medicaid Management Information Systems
- Application development using ASP.NET and C#.NET

Relevant Experience

Chicago Public Schools Medicaid Claiming and Supportive Services: Mr. Hotton provided implementation and support for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

Missouri School-Based Billing: Mr. Hotton served as the Applications Developer for the project. Mr. Hotton was responsible for managing and processing incoming MMIS eligibility files and for implementing MMIS eligibility edits in the Medicaid claim generation process. He also added significant enhancements and modifications to the system required to address the inclusion of new school districts as well as HIPAA-mandated data requirements for electronic claims submission. To accommodate district-specific variance in reference data, additional tables/data elements were required at the back end of the system. MAXCapture-I®, a web-based service data capture system, is currently used to collect services provided by therapists to special education students. The system contained a thin, full-featured user interface (browser based) and customized security features. It utilizes ASP.NET for presentation with business components built in C#.NET. The automated billing system generated claims for direct services under the state's existing fee-for-service option. Over the life of the project more than \$57 million was obtained for Missouri school districts participating in the billing program.

Florida School District Medicaid Cost Recovery: During the development phase, Mr. Hotton served as Application Developer for this integrated billing system capable of generating and tracking direct service claims. Based on prototypes of existing proprietary billing systems, Mr. Hotton designed and developed the new system to accommodate current districts and scale for future school-based business in the state. Mr. Hotton was also responsible for managing and processing incoming MMIS eligibility files and for implementing MMIS eligibility edits in the Medicaid claim generation process. MAXCapture-I®, a web-based service data capture system, is used to collect services provided by therapists to special education students. The system contains a thin, full-featured user interface (browser based) and customized security features. It utilizes ASP.NET for presentation with business components built in C#.NET. The relational database system uses various Microsoft technologies, including SQL and Visual Basic 6.0. Guided by the project's technical requirements, Mr. Hotton coded/modified all DTS packages, procedures, and triggers for the new system, and tested the billing processes prior to rollout. He continues to implement necessary programming tasks for newly acquired billing districts and provides ongoing technical consultation services to field-based personnel and other business associates.

San Diego Unified School District (SDUSD) Billing: Mr. Hotton served as Lead Application Developer, Database Administrator, and Technical Support Liaison for SDUSD's school-based billing system. He was a member of the kick-off team that performed an initial assessment of the district's legacy billing system. Among his contributions to the project were consultations with stakeholders and technical staff to define technical requirements for the new billing system. In developing the new system, Mr. Hotton built upon the existing school-based billing software known as MedClass, adding a series of new components to enhance system functionality. This functionality included managing and processing incoming MMIS eligibility files as well as implementing MMIS eligibility edits in the Medicaid claim generation process. Mr. Hotton went on to serve as the primary technical contact for project personnel, working closely with SDUSD staff on a wide range of technical issues, including software maintenance and upgrade tasks.

New Mexico Direct Service School-Based Billing: Cooperative Educational Services (CES), a consortium that helps New Mexico school districts procure goods and services in a cost-effective manner, awarded a contract for Direct Service Claiming as well as Medicaid Administrative Claiming. Mr. Hotton designed and programmed the direct service billing system for the project. MAXCapture-I®, a web-based service data capture system, is used to collect services provided by therapists to special education students. The system contains a thin, full-featured user interface (browser based) and customized security features. It utilizes ASP.NET for presentation with business components built in C#.NET. Mr. Hotton developed and documented all billing operations, procedures for data file management, data loading, claims processing, and remittance posting and all back-end support and development of the system. This included the management and processing of incoming MMIS eligibility files. He was also responsible for implementing MMIS eligibility edits in the Medicaid claim process.

New Jersey Department of Human Services: Mr. Hotton is the lead SSG operations staff person for the operation of web-based RMTS for the Department of Human Services that operating 21 County RMTSs, collecting rosters, generating the samples, and summarizing quarterly results. SSG began the project by implementing a four (4) county pilot to finalize the configuration of our e-SivicMACS RMS system and provided onsite and Webinar training sessions to RMTS participants and followed up with additional training.

Kentucky Schools Medicaid Administrative Claiming : Mr. Hotton is the Support Lead of the operation for the State's quarterly Medicaid Administrative Claim. Services include administering a web-accessible RMTS system (e-SivicMACS time study module) to identify and document special education staff activities, receiving and maintaining staff rosters, providing central coding, conducting independent random QA review of coded activities, quarterly producing RMTS results and providing trend analysis reports on participation rates, activity code selection, and other performance measure, and quarterly, collecting and editing school district financial data and developing the Medicaid administrative claim using e-SivicMACS. Training was provided for RMTS participants and financial staff was provided for project initiation and updates are provided annually.

District of Columbia Public Schools Time Study and Cost Settlement: The Agency contracted with SSG to implement and administer a web-accessible RMS time study system to identify and document special education staff activities, provide centralized coding to improve accuracy and relieve DCPS of having to select activity codes. SSG also collect cost information and prepares annual cost settlement reports. Mr. Hotton is the time study project manager, assisting the Agency revise the SSG web based time study system to incorporate their requirements for quality assurance and integration with cost accounting. Mr. Hotton, on an ongoing basis, supports the operation and development time studies for DCPS and DCPCS (Charter Schools) contracted staff involved with special education direct services delivery and support.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Systems Analyst, 2009 – Present

Maximus, Inc., Little Falls, New York, Application Developer, 1999 – 2008

FTL Information Technology, Inc., Utica, New York, Application Developer, 1998 – 1999

Education

B.S., Computer Science, (Honors in Mathematics), State University of New York Institute of Technology, Utica/Rome, 1999

Technical Experience

Operating Systems: Windows 2000/NT v3.5/4, Windows 3.x/95/98/ME/XP, and MS-DOS v5-6.22

Languages: Visual Basic 6.0/5.0/3.0, Visual Studio 6.0, Visual C++, Transact SQL, and HTML, Java

RDBMS: MS SQL Server Enterprise v7.0/2000, SQL Query Analyzer, Import/Export utilities, MS Access v2000/97/2.0, FoxPro 3.0., Oracle 9i

Tools: BPWin v2.5, ErWin v3.5/2.5/4.1, Seagate Crystal reports 7.0/8.5/9, Rational Rose v98, MerDoc v1.03, Visio v5.0a/2000, Visual Source Safe v6.0, PC Anywhere v9/10.5, Microsoft Office, Lotus Notes v5/v6, Wise Installer v4.0/v4.2, Eclipse v2.1/3.0, BEA WebLogic 8.1, Enterprise Architect 3.51

Tom Klosek
Help Desk/Customer Support Team

Qualifications

Mr. Klosek is an Information Technology professional with over 10 years of experience, including related services with the United States Air Force. Mr. Klosek provides a range of IT and consultant support to many projects. His range of experience includes the following:

- Providing support to end users through the SSG Help Desk, which includes providing analysis of help desk inquiries to clients and SSG project managers
- Assisted in selecting and implementing a web based ticketing system to collect and report on help desk responses to client inquiries
- Conducts time study training
- Performed coding and Quality Assurance for five (5) District of Columbia RMTS projects
- Supports IT Team staff with maintenance and troubleshooting
- Data analysis and reporting

Relevant Experience

Massachusetts Departments of Youth Services (DYS) and Mental Health Service Rate Development and Medical Billing: Mr. Klosek schedules the annual two week time study training sessions for 40+ private agencies, coordinating the schedule of the agencies and the SSG trainers. He then conducts all of the training sessions for the 20+ Department of Youth Services agencies.

District of Columbia Office of Chief Financial Officer Time Studies and Indirect Cost Rates: Mr. Klosek conducted QA reviews of District staff's selection of RMTS activity codes for the Department of Human Services (DHS), Department of Health Care Finance (DHCF), Department of Disability Services (DDS), Department of Behavioral Health (DBH), and Office of Aging, and assisted these agencies in taking over this function.

Sivic Solutions Group IT Support: Mr. Klosek manages the ongoing entry of scanned schools transportation claims and Massachusetts 2-week time study forms.

Professional History

Sivic Solutions Group, LLC, New Hartford, New York, Assistant Computer Network Administrator, Help Desk Manager and Time Study Trainer, June 2015 – Present

New York State Information Technology Services, Albany, NY, Intern, 2014

Utica College, Utica, NY, Information Technology Support, 2013 - 2014

United States Air Force, Moody AFB, Valdosta, GA, Fire Protection Journeyman/Senior Airman, Secret Clearance, 2007 - 2011

CVS Pharmacy, Clinton, NY, Pharmacy Technician, 2005 - 2007

Education

B.S., Cyber Security and Information Assurance, Utica College, Utica, NY, 2014

Technical Experience

Microsoft Office programs - Word, Excel, Power Point and Access, Ubuntu, Linux, Virtual Box, FTK Imager, HP Load testing products, Windows, and all Apple devices.

Job Related Training

Five (5) National Institute of Justice (NIJ) Training Certifications

Erin Griffith
Help Desk/Customer Support Team

Qualifications

Ms. Griffith has over 10 years of Customer Service and Office Administration experience, with increasing responsibilities in help desk and schools RMTS quality assurance functions.

Relevant Experience

Kentucky Schools Medicaid Administrative Claiming: Ms. Griffith oversees and conducts the centralized coding for the State's RMTS and provides help desk support. The review of the entries of school district staff involves selecting the appropriate activity code. When necessary, contact is made with school district staff to ensure accurate coding.

District of Columbia Public Schools Time Study and Cost Settlement:

Ms. Griffith provides help desk support and performs centralized coding to ensure accuracy of activity codes.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement:

Ms. Griffith provides help desk support for three (3) time study systems in the Agency, and in private congregate care and foster care agencies. Ms. Griffith also supervises staff who review the activity selections of DC staff and perform quality assurance of these selections.

Administrative Assistant/Help Desk/Systems Tester: Ms. Griffith provides office administration, help desk support, and systems testing in support of more than 15 staff and more than two dozen projects. As help desk support team member.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, NY, Help Desk Lead, 2010 – Present

Bank of America, New Hartford, NY, Sales and Service Specialist, 2009 - 2010

Partners Trust Bank, New Hartford, NY, Customer Service Representative, 2005 – 2009

Education

High School Diploma, Whitesboro Senior High School

Sergey Bubnov
Claim Operations Team Lead

Qualifications

Mr. Bubnov has more than 25 years of information technology experience, with specialty in network and implementation setup of web servers, data base servers and data loading . Mr. Bubnov's experience includes conversion analyst, data analysis, data processing, internet software engineer, and database programmer and administrator.

Relevant Experience

Chicago Public Schools Medicaid Claiming and Time Study: Mr. Bubnov provides network and server support for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming and the RMTS for SNAP. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. The RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming is to capture the cost for referral and eligibility assistance services provided by CPS administrative staff.

Kentucky Medicaid Schools Administrative Claiming: Mr. Bubnov provides network and server support for the e-SivicMACS system to operate the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

State of South Carolina Schools Billing: Mr. Bubnov provides data analysis and data processing tasks for the State of South Carolina schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the South Carolina school districts. Currently, claim processing system includes data capture modules, data integration module and remittance advice processing module and Medicaid eligibility module. A set of reports get generated weekly and quarterly for the State to reflect the claimed amounts and the number of claimed services.

State of New Mexico Schools Billing: Mr. Bubnov provided data analysis and data processing tasks for the State of New Mexico schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the State of New Mexico. The claim processing system includes data capture modules, data integration module and remittance advice processing module and Medicaid eligibility module. A set of reports are generated weekly and quarterly for the State to reflect the claimed amounts and the number of claimed services.

State of Florida Schools Billing: Mr. Bubnov is the Claims Operations Lead for the State of Florida schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the Florida school districts. Currently, claim processing system includes data capture modules, data integration module and remittance advice processing module and Medicaid eligibility module. A set of reports get generated weekly and quarterly for the State to reflect the claimed amounts and the number of claimed services.

State of Arizona Schools Billing: Mr. Bubnov provided data analysis and data processing tasks for the State of Arizona schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the State of Arizona. Claims processing includes data capture modules, data integration module and remittance advice processing module. A set of reports get generated weekly, monthly and quarterly for the State to reflect the claimed amounts and the number of claimed services by different categories.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Senior Engineer, 2009 - Present

Maximus, Inc., Reston, Virginia, Applications Developer, 2002 – 2008

WorldCom Inc, White Plains, NY, Internet Software Engineer, 2000 – 2002

D.G. Jewelry of Canada LTD, Toronto, ON, Canada, Database Programmer/Administrator, 1999 – 2000

Medical Radiological Research Center (Software Division, Russian National Chernobyl Registry), Moscow, Russia, Database Programmer/Analyst, 1994 – 1999

Education

M.S., Applied Mathematics, Institute of Nuclear Power Engineering, Moscow, Russia, 1994

Technical Experience

Languages: C/C++, OOAD, CVS, OLAP, OLAP, Business Objects, data mining, Perl/DBI, Korn shell scripting, IPC, quantitative analysis, SmallTalk/VisualAge, Java, awk, sed, Fortran

RDBMS: Oracle, Informix, DB2, SqlServer, MySQL, MS Access, ODBC

Internet and Network technologies: Apache/SSL, SSI, CGI, SSH, FTP, POP, SMTP, news

Operating Systems: UNIX (Solaris, AIX, Linux, FreeBSD), Windows 9x/NT/2000, OS/2, MS DOS, Sun sparc servers, IBM RS6000, PC's

Neil Bruins
Claims Operations Team

Qualifications

Neil has over 25 years of experience as an Applications Developer in a diverse range of settings, including Medicaid billing, scientific testing, accounting, education, retail, and legal environments. His range of project experience includes the following:

- Requirements analysis
- System and database modeling
- Software design & development
- System implementation
- System support
- Data conversion
- Data analysis and Data Warehousing
- Medicaid HIPAA compliant Claims and TPL data analysis
- Report Development

Relevant Experience

Arizona Schools Medicaid Administrative and Fee For Service Claiming: Mr. Bruins worked as part of the team that implemented a system to capture special education services, process Medicaid claims, and support fiscal agent processes including extensive business rules and payments to providers. Medicaid-eligible students are identified using an extensive set of matching criteria. Claims are received from local educational authorities (LEAs) and billing agents, processed and submitted electronically to AHCCCS System in HIPAA compliant format. As part of the project's scope, the system processes all electronic remittance advices and distributes payments to LEAs. It also generates all standard and ad hoc management reports on a regular basis.

State of New Mexico School Billing: Mr. Bruins provides systems operation and systems enhancement support of the State of New Mexico school billing project, focusing on preparing the claims, creating remittance advice and other reports and maintaining Medicaid eligibility.

Nevada Clark County School Medicaid Billing: Mr. Bruins participated in the design and development of the Special Education/Medicaid Eligible Services Tracking and Electronic Reimbursement (SEMESTER) system. The system captures and maintains information on students, services provided to them, and Medicaid eligibility. Medicaid eligible students are identified through extensive matching criteria, claims are electronically submitted to the Medicaid fiscal agent, and electronic remittance advice data is captured, maintained, and reported. This system processed over \$72 million in claims during the contract period. Mr. Bruins modified the system to comply with HIPAA standards for Medicaid claim billing.

Maryland Revenue Maximization Services: Mr. Bruins participated in the design and development of a system used to capture and maintain recipient, provider, service, and IV-E payment information for Medicaid rehabilitation programs in Maryland. The captured data is then processed into Medicaid claims, which are submitted electronically to the fiscal agent. Electronic remittance advice data is captured and maintained, and reports are provided to the project. Additionally, paid claims are compared to IV-E payment data to generate a IV-E offset. This system was developed to comply with HIPAA standards for Medicaid claim billing, and has processed over \$140 million in claims to date.

Arkansas Department of Human Services Medicaid Billing: Mr. Bruins participated in the design and development of the State's computer system to file MMIS claims for ongoing targeted case management and rehabilitative to cover staff and treatment costs within the Divisions of Family Services and Youth Services. The system was a complete processing system, including processing of Remittance Advices, posting of claim status against claim records, and generating management reports.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Application Developer, 2009 – Present

Maximus, Inc., Little Falls, NY; Applications Developer, 2000 –2008

Oneida Research Services, Whitesboro, NY; Computer Programmer/Purchasing Agent, 1994 - 2000

PCS Corporation, Utica, NY; Computer Programmer, 1992 - 1994

Education

B.S., Computer Science, State University of New York at Buffalo, 1991

Technical Experience

Software: Microsoft Project, Word, and Excel; Microsoft Windows operating systems; Lotus Notes; Microsoft Visual SourceSafe; ERWin database modeling tool; Business Objects and Crystal Reports reporting tools

Languages: Microsoft Visual Basic; Microsoft Transact-SQL; Windows Scripting

Databases: Microsoft SQL Server, Microsoft Access

Mahendhar Mylaram
Claim Operations Team

Qualifications

Mr. Mahendhar more than 10 years of experience in software design, object oriented analysis, design and programming, integration and deployment of scalable multi-tier Internet, database and client-server based software solutions. He has experience as an MS SQL Server Database Developer in a Windows environment. He is an expert in designing dimensional/relational databases, tuning SQL queries to improve performance, and extracting and transforming data.

Relevant Experience**Sivic Solutions Group, Utica, New York, SQL Developer, 2012 - Present**

Responsibilities include design, implementation, management and troubleshooting databases. Specific activities include:

- Creating and managing schema objects such as tables, views, cursors, indexes, procedures dynamically for any table, and triggers
- Query optimization and performance tuning; writing triggers and stored procedures and optimizing it
- Extensive use of Stored Procedures; writing new stored procedures and modifying existing ones and tuning them to perform more efficiently
- Generate SQL Scripts for copying/migrating databases and database objects
- Data loading for students and providers using Data Transformation Services
- Using SQL scripts, analyzing data in local databases and loading them in remote databases
- By applying business rules, eliminating claims which are not eligible
- Define parameters for parameterized reports
- Data transferring between Development, Testing and Production databases.

Environment: SQL Server 2008/2005, SSIS, Visual Studio 2005, SQL Profiler, and Windows NT/2003 environment

New Mexico Direct Service School-Based Billing: Mr. Mylaram worked on the direct service billing system for the project. MAXCapture-I®, a web-based service data capture system, is used to collect services provided by therapists to special education students. The system contains a thin, full-featured user interface (browser based) and customized security features. It utilizes ASP.NET for presentation with business components built in C#.NET. Mr. Mylaram assisted in the developed and documented all billing operations, procedures for data file management, data loading, claims processing, and remittance posting and all back-end support and development of the system. This included the management and processing of incoming MMIS eligibility files. Mr. Mylaram submits claims to fiscal biller and generates invoices and reports for the districts.

Professional History

Sivic Solutions Group, Utica, NY, February 2012 – Present

Sears, Hoffman Estates, IL, 2011 -2012

Home Depot, Atlanta, GA, 2010 – 2011

Inteq Solutions, Hyderabad, India, 2008 – 2009

Education

M.S., Computer Science, University of Northern Virginia, 2011

B.A., Computer Science, Osmania University, Hyderabad, India, 2009

Technical Experience

Operating Systems: Windows 3.x/9x/ME/NT/2000/XP/2003

Languages: C++, C#

Databases: SQL Server 2008 R2/2008/2005/2000/7.0/6, MS Access

DB Modeling: MS Visio 2003, ERwin 4

DB Utility Tools: SQL Profiler, SQL Query Analyzer, Management studio, Index Analyzer, DTS
Import/Export, SQL Agents, SQL Alerts, SQL Jobs, Visual Source Safe 2005

ETL Tools: DTS (Data transformation services), SQL Server Integration Services (SSIS), SQL
Server Analysis Services, OLAP cubes

Reporting Tools SQL Server Reporting Services (SSRS), ProClarity 6, MS Excel

Suresh Muppala
Systems Team Lead

Qualifications

Mr. Muppala has over 30 years of systems development experience. He has provided technical oversight and management services for numerous application development projects. His range of experience includes the following:

- System analysis, system architecture, database design and development
- Technical leadership, guidance and support to the project team
- Data analysis and reporting tasks
- Data warehouse design, development, implementation

Relevant Experience

South Carolina Schools Medicaid Fee for Service Billing Projects: As a Technical Team lead, Mr. Muppala is responsible for system analysis, system architecture, database design, and development of new billing system to replace existing legacy system. The new system was designed to maintain student information, process and maintain eligibility information, and capture various types of services delivered. System also incorporates eligibility verification process which includes submission of electronic file to State's Medical assistance system; process eligibility response file and maintain student Medicaid eligibility. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from various sources including MAXCapture-I[®] and MAXCapture-M[®] is processed using customized state specific business rules. Processed claims are submitted electronically in standard HIPAA format to the State's medical assistance system and the electronic RA from State's system is processed and updated into billing system. System also includes capability to generate various management reports. Mr. Muppala provides technical guidance to team members, technical support to the project team and is responsible for establishing a quality assurance process to correct problems.

Chicago Public Schools Medicaid Claiming and Supportive Services: Mr. Muppala is Technical Team Lead overseeing a team in the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

Kentucky Medicaid Schools Administrative Claiming: Mr. Muppala is the Technical Team Lead overseeing a team in the development and implementation of a system (e-SivicMACS) to operate the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

MAXCapture-I® Web System Product: Mr. Muppala serves as Technical Team Lead for a web-based .NET service capture system designed especially for the school-and social services market. He is responsible for the specification, system architecture, database design, and leadership of the development effort. The system utilizes ASP.NET (version 1.1) for presentation with business components built in C#.NET. The system has a separate database connectivity layer, allowing connection to different databases without changes to the application's business logic. The development project encompasses security, student roster, service capture, claims reprocessing, and remittance advice (RA) reporting modules. The system has customized security features and a thin, full-featured user interface. Mr. Muppala led all design and development work including the customized security system, service capture, claim reprocessing, and RA report modules.

Arizona Medicaid Administrative Claiming and Fee-For-Service Program: Mr. Muppala served as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, technical guidance to team members, and technical support to the project team. The system, which incorporates complex business rules, was designed to capture special education services, process Medicaid claims, and support fiscal agent processes, including payments to providers. Medicaid-eligible students are identified using an extensive set of matching criteria. Claims are received from Local Educational Authorities (LEAs) and billing agents, processed, and submitted electronically to the State's medical assistance system in the mandated standard HIPAA format. As part of the project's scope, the system processed all electronic remittance advices and distributes payments to LEAs.

Florida Schools Medicaid Fee for Service Billing Projects: As a Technical Team lead, Mr. Muppala is responsible for system analysis, system architecture, database design, and development of comprehensive billing system. The system captures and maintains information on enrolled students, their Medicaid eligibility, and various types of services delivered. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from various sources including MAXCapture-I® (Web based service capture system used by service providers), MAXCapture-M® (Client Server based service capture system for data entry operators) and MAXCapture-S® (Scanning application to capture services) is processed using customized business rules engine specific to the state. Processed claims are submitted electronically in standard HIPAA format to the State's medical assistance system and the electronic RA from State's system is processed and updated into billing system. System also includes capability to generate various management reports. Mr. Muppala provides technical guidance to team members, technical support to the project team and is responsible for establishing a quality assurance process to correct problems.

New Mexico Schools Medicaid Fee for Service Billing Projects: Mr. Muppala serves as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, and development of comprehensive billing system. The system captures and maintains information on enrolled students, physician authorizations, Medicaid eligibility, service providers and provider licenses, and various types of services delivered. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from MAXCapture-I® is processed using customized state specific business rules and claims are submitted electronically to the State's medical assistance system in the mandated standard HIPAA format. The electronic RA from State's system is processed and various management reports are generated. Mr. Muppala provides technical guidance to team members, technical support to the project team and is responsible for establishing a quality assurance process to correct problems.

Missouri Schools Medicaid Fee for Service Billing Projects: Mr. Muppala served as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, and development of new billing system in place of old legacy system using MS Access DB. The system captures and maintains information on enrolled students and their Medicaid-eligibility; Service providers and their license; and captures various types of services delivered. System also incorporates eligibility verification process which includes submission of electronic file to State's Medical assistance system; process eligibility response file and maintain student Medicaid eligibility. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from various sources including MAXCapture-I® and MAXCapture-M® is processed using customized state specific business rules and claims are submitted electronically in the mandated standard HIPAA format. The electronic RA from Medicaid Agency is processed and various management reports are generated. Mr. Muppala provided technical guidance to team members, technical support to the project team and was responsible for establishing a quality assurance process to correct problems.

Kentucky School-Based Billing: Mr. Muppala serves as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, technical guidance to team members, and technical support to the project team. The system maintains student, service provider, student's authorized services, and service provider's license data. Services captured from MAXCapture-I®, our web-based system is processed using complex business rules and claims are submitted to State's medical assistance system in HIPAA format. The electronic RA from Medicaid Agency is processed and various management reports are generated.

Nevada Schools Fee for Service Billing: Mr. Muppala was responsible for maintenance, ongoing changes and technical support for this school-based billing system. The system captures and maintains information on students, services, and Medicaid eligibility for several school districts in the State of Nevada. The services data was matched against Medicaid eligibility to prepare the claims. Claims are then submitted via electronic bulletin board to the Medicaid fiscal agent. Mr. Muppala was the lead technical support for the project and responsible for the ongoing processing of school-based billings, processing of all project remittance advice, and database maintenance as well as customer technical support.

New Jersey Schools Fee for Service Billing: Mr. Muppala was responsible for software design, development, implementation, and technical support for this school-based billing system. The system captures and maintains information on students, services, and Medicaid eligibility for several school districts in the State of New Jersey. The services data was matched against Medicaid eligibility to prepare the claims. Claims are then submitted via electronic bulletin board to the Medicaid fiscal agent. Mr. Muppala was the lead technical support for the project and responsible for the processing of school-based billings, processing of all project remittance advice, and database maintenance as well as customer technical support.

District of Columbia Public Schools SBCH: Mr. Muppala was responsible for software design, development, implementation, and technical support for the Fee for Service, Per-diem, Eval-Re-eval, Dedicated Aide, TAT and Transportation billing components of this project, conducted on behalf of the District of Columbia's Public School system. He was also responsible for the remittance advice component, which processes electronic remittance advice received for all submitted claims and generates a series of standard project reports. In addition, Mr. Muppala was the lead technical support for the project and responsible for the ongoing processing of school-based billings, processing of all project remittance advice, and database maintenance as well as customer technical support.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Senior Engineer, 2008 - Present

Maximus, Inc., Little Falls, New York

Lead Application Developer, 2004 –2008

Application Developer, 2002 – 2004

VishnuSoft LLC, Technical Project Team Lead, Little Falls, New York, 2000 – 2002

CMC Ltd., Project Manager, Hyderabad, A.P, India, 1988 – 2000

Education

Post Graduate, Diploma, Computer Applications, Central University, India - City: Hyderabad, State: Andhra Pradesh, 6/98

M.S., Electronics, S.V. University, India – City: Tirupati, State: Andhra Pradesh, June 1986

Technical Experience

Hardware: HP 9000, NCR 3550, NCR 3450, DEC-VAX 4200, ND-110, ICIM, IBM-370, 68020-based systems

Operating Systems: UNIX, VAX/VMS V5.5, UNOS, TME-40, SINTRAN-III, SVS, DOS, Windows, and Windows NT

Programming languages: ABAP, COBOL, FORTRAN, Pro*COBOL, C, Pro*C, SQL, PL/SQL, UNIX Shell, Assembly language of 8086, CICS, VB

Internet: ASP.NET, ASP 2.0, 3.0, XML, SOAP, HTML, DHTML, VBScript, and Java Script

Database and Software Tool: Oracle, SQL Server, INGRES 6.4, Oracle*CASE, YOURDON CASE Tool kit, Infragistics Web Components, Turbo Analyst, Visual source safe, Eclipse v2.1/3, Merdoc, ERwin v3.5/4, Enterprise Architect v3/4, Business Objects 6, Crystal Reports v8.5/9

Elmer Nietes
Systems Team

Qualifications

Mr. Nietes has over 20 years of experience as a systems analyst. He has been involved in all stages of program development, from design and coding to implementation and maintenance tasks. His experience includes the following:

- Legacy database migration/integration
- Client/Server program development
- Data Warehouse/Data Mart development
- Analytical and reporting capabilities for decision support

Relevant Experience

Kentucky Medicaid Schools Administrative Claiming: Mr. Nietes was a key implementation team member of implementing the e-SivicMACS system to operate the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Ohio County Financial Information System (CFIS) Web System Development: Mr. Nietes is the SQL Lead for the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draw downs based on these expenditures from the county budgets, and the overall management of county/state finances. The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system was developed to be extremely flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

District of Columbia Office of Chief Financial Officer Time Studies: Mr. Nietes supports the operation of web-based RMTS for the Department of Health Care Finance, Department of Disability Services (DDS), Department of Behavioral Health (DBH), and Department of Aging.

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System: Mr. Nietes supports the SSG e-SivicCAP system which implements Agency's PACAP and development of the quarterly Title IV-E claim. The system consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), other Agency and District sources, and the SSG e-SivicMACS RMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

Cost Allocation System (e-SivicCAP) Product: Mr. Nietes assisted in the analysis, testing and debugging of the SSG web-based cost allocation system to support PACAP development and claiming. Mr. Nietes was also involved in testing of the product from usability to user acceptance testing and performed screen modules and reports testing, including loading of test data and coding, maintenance, and modification of process for loading the test data.

Florida School District Medicaid Cost Recovery Project: Mr. Nietes performed programming work, including database design, coding of DTS package and SQL scripts to process attendance and scanned captured data.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Software Engineer, January 2009 - Present
Maximus, Inc., Reston, Virginia, Application Programmer, September 1998 - December 2008
Open Systems Philippines Corporation, Application Programmer, April 1997 - September 1998

Education

B.S., Mathematics, concentration in Computer Programming, Polytechnic University of the Philippines, Manila, 1993

Technical Experience

Operating Systems: Windows 2000/NT 4, Windows XP

Language: PL/SQL, SQL+, Transact SQL, SQL Query Analyzer

RDBMS: MS SQL Server Enterprise v7.0/2000, MS Access v2000, Oracle 7/8i

Tools: Seagate Crystal reports 8.5/9/XI, Visual Source Safe v6.0, Office 2000, Business Objects v4.1

Various technical seminars and workshops, including:

- Data Warehousing: Design and Implementation, Albany, New York, March 2002
- Administration Skills for Microsoft SQL Server 7.0, Institute of Advanced Computer Technology (I-ACT), Makati, Philippines, July 2001
- MS Windows NT Administration, Institute of Advanced Computer Technology (I-ACT), Makati, Philippines, July 2001
- Oracle SQL, SQL*Plus, PL/SQL, Oracle Developer 2000, Oracle Forms (v 4.5), Oracle Reports (v 2.5); "in-house" training provided by Open Systems Philippines Corporation, 1997
- Computer Systems Design and Programming, AMA Computer Learning Center; two-year computer programming curriculum; attended full time; received certificate of completion, 1995

Nilesh Joshi
Systems Team

Qualifications

Mr. Joshi is a senior .NET developer/architect with over 15 years of significant software development life cycle (SDLC) experience in the IT industry, implementing software products, B2B/B2C and client server applications. He has been involved in all stages of program development from design and coding to implementation and maintenance tasks. He has excellent communication skills with experience in communicating with business to gather requirements and in analysis/design. His experience includes the following:

- Extensive knowledge and experience of AGILE, WATERFALL concepts and methodologies
- Insurance domain on systems like CAS, Metavance, CCA and WebStrat as well as the Financial domain
- Skills in MS Office Suite, MS Visio gathering user requirements and functional documentation
- Liaison between the development team and business users, performing analysis to determine and verify business requirements and functional design
- Skills in object-oriented analysis, design, designing class libraries for encapsulating large business objects
- Good knowledge of implementing Design Patterns & Practices
- Strong hands on experience having architected an application used by 10,000 users
- Microsoft reporting and integration services (SSRS and SSIS); Test Driven Development (TDD) using NUnit & Microsoft Unit Test framework using Test First and Code First approaches; Enterprise Application Blocks (Logging, Security, Caching), .NET Automation framework, FxCop customization; and .NET development for Citrix Systems using Virtual Channel and ICO

Relevant Experience

Kentucky Medicaid Schools Administrative Claiming: Mr. Joshi is the .NET Lead for the development and operation of the e-SivicMACS system for the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System: Mr. Joshi is the .NET Lead for the project to configure and revise the SSG e-SivicCAP system to support the Agency's PACAP and develop the quarterly Title IV-E claim. The Title IV-E Automated Claiming System consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), several other sources, and the SSG e-SivicRMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

Ohio County Financial Information System (CFIS) Web System Development: Mr. Joshi is the .NET Lead for the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and drawdowns based on these expenditures from the county budgets, and the overall management of county/state finances. The system was developed to be flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Senior .NET Developer, September 2011 - Present

Humana Inc., Jacksonville, Florida and Louisville, Kentucky, Senior .NET Developer/Tech Arch, December 2009 – September 2011

Thomas Cook, Pune, India, Senior .NET Developer, April 2009 – November 2009

Carillion Pune, India, .NET Lead, February 2009 – April 2009

Al-Futtaim Carillion, Pune, India, .NET Lead, September 2008 - February 2009

Morgan Stanley, Pune, India, .NET Tech Lead, August 2007 – September 2008

Tech Mahindra, Pune, India, .NET consultant, May 2007 – August 2007

Wachovia Bank, JP Morgan Chase, India, senior software Engineer, February 2006 - May 2007

Calchem India, Software Engineer, December 2003 – January 2006

BEC Chemicals, Roha, India, Team Lead / Developer, July 2002 – November 2003

Bank of India, Canara Bank, Mumbai, India, Customer Support Engineer, February 2002 - June 2002

Education

B.S., Engineering, concentration in Electronics Engineering, Mumbai University, India, 2001

Technical Experience

GUI's:	Visual Basic 6.0, Winforms, Windows Presentation Foundation (WPF), Silverlight
Internet Skills:	ASP.NET (Webforms & MVC 2/3), C#, VB.NET, ADO.NET, AJAX, ASP, HTML, XHTML, CSS, IIS, XML, XSL, XSLT, XPath, Razor Pages,
.NET Framework:	2.0/3.5/4.0, WPF, XAML, WCF, WCF Web API, ASMX Web Services, WSDL, SOAP, LINQ, Entity Framework
Scripting:	JavaScript, DHTML, HTML Document Object Model (DOM), JQuery, JQuery plugins, JSON. JS Frameworks like SignalR, KnockoutJS
Internet Design:	Adobe Flex, Adobe Photoshop, Adobe Flash MX
Office Automation:	VBA, MS Excel VBA, MS Word VBA, VSTO
Reporting:	Crystal Reports, Adobe Flex Charts, ASP.NET Charting
Virtualization:	Citrix Metaframe API, ICO Client API
Other Tools:	TFS, Tortoise SVN, VSS, eRoom, SharePoint, WinBatch, FxCop, NUnit, NMock
IDE:	Visual Studio 2010/2008/2005/2003, Eclipse, Adobe Flex Builder, Stylus Enterprise Studio, TOAD, Oracle Developer
Database:	MS SQL SERVER 2005/2008, MS Access 2003, Oracle 8i/10g, Sybase

Beaufort County School District
Medicaid Direct Billing Services
RFP # 18-014

APPENDIX B: FINANCIAL REPORTS

Please see the attached financial reports for SSG and Solix. As a privately owned company, these financial statements are confidential.

9.0 ATTACHMENTS TO SOLICITATION – MINORITY AND WOMAN BUSINESS ENTERPRISE POLICY AND REQUIREMENTS

9.0 ATTACHMENTS TO SOLICITATION

MINORITY AND WOMAN BUSINESS ENTERPRISE POLICY AND REQUIREMENTS:

***Mission of the Beaufort County School District Board of Education:
To serve the community by providing the opportunity for each student to receive a highly effective education***

Statement of Policy

It is the policy of the Beaufort County School District that discrimination against businesses on the basis of race, color, national origin, and gender is prohibited. No person shall be denied the benefit of, or otherwise discriminated against, on the grounds of race, color, national origin or gender in connection with the award and/or performance of any contract or modification of a contract between a vender or contractor and the Board which contract is paid or is to be paid for, in whole or part, with monetary appropriations of the Board. Further, it is the policy of BCSD to encourage and promote on an inclusionary basis contracting opportunities for all business, without regard to race, color, national origin or gender. It is expected that all firms seeking to do business with the Beaufort County School District will comply with this BCSD policy.

W/MBE Compliance

Potential bidders must demonstrate their process for contracting or utilizing businesses as subcontractors or suppliers for work on projects undertaken is open to businesses regardless of race, gender or ethnicity, by fulfilling one (1) of three (3) alternative eligible bidder categories.

1. Documentation of prior M/WBE on projects undertaken in South Carolina during the previous two (2) years at the level of availability.
2. Documentation of prior good faith outreach efforts on all projects undertaken in South Carolina during the previous two (2) years.
3. Commitment to future good faith outreach efforts in all projects undertaken in South Carolina.

On eligible projects that equal or exceed five million dollars in value, potential bidders are required to make a good faith effort to enter into a joint venture or Mentor/Protégé arrangement at the prime contractor level which includes at least one (1) certified minority- and/or woman-owned firm.

- Companies involved in joint venture Mentor/Protégé arrangements must be of a different race or gender ownership.
- Each eligible bidder shall submit with each bid submission on an eligible contract:
 1. A complete and signed subcontractor plan. Eligible bidders who submit bid proposals which fail to utilize minority- and/or woman-owned business enterprises at a level consistent with availability, must submit documentation

- detailing their “good faith outreach efforts” to utilize minority- and/or woman owned firms.
2. Written documentation demonstrating the eligible bidder’s good faith efforts to identify, contract with, or utilize businesses, including certified M/WBEs, as sub-contractors or suppliers on the eligible project.
- Acceptable good faith effort documentation:
 1. The eligible bidder contacted the District Purchasing and Contract Compliance Offices, other private sector and government entities, or M/WBEs organizations, to identify available businesses to work on the eligible bidder project, including minority-and Woman-owned firms.
 2. The eligible bidder placed notices of opportunity for minority-and woman-owned firms to perform subcontracting work on the eligible project in newspapers, trade journals and other relevant publications specifically targeted to M/WBEs, or communicated such notices or opportunities via the Internet or by other available media means.
 3. The eligible bidder submitted invitations to bid for work on the eligible project to qualified businesses, including minority-and woman-owned firms.
 4. The eligible bidder included in such notices and invitations, a full disclosure of the criteria upon which bids, proposals or quotes would be evaluated, and also included contact information for inquiries, submissions, or requests to review any necessary bid documents.
 5. The eligible bidder promptly responded to inquiries, provided necessary physical access and time for all interested businesses to fully review all necessary bid documents, and otherwise provided information, access and time to allow all interested businesses to prepare bids and quotes, regardless of race, gender or ethnicity.
 6. The eligible bidder considered, hired, or otherwise utilized qualified and available businesses for an eligible project, including minority-and Woman-owned firms.
 7. For each business which contacted or was contacted by the eligible bidder regarding sub-contracting or services on the eligible project, the eligible bidder shall maintain all written documents reflecting such contact, including bids, quotes and proposals.

Subcontractor Participation

Beaufort County School District, through its contract documents, encourages contractors to utilize minority subcontractors on their projects.

A prime contractor must identify M/WBE utilization expenditures to certified M/WBE subcontractors that perform a commercially useful function in the work of the contract. An M/WBE subcontractor is considered to perform a commercially useful function when it is responsible for the execution of a distinct element of the work of a contract for which the MBE or WBE has the skill and expertise and carries out its responsibilities by actually performing, managing and supervising the work involved.

Business Utilization Report

In order to facilitate an effective monitoring system, each contractor, bidder or offeror must submit a completed and signed Utilization Report with the bid submission which lists the names, addresses and contact persons of the M/WBE and majority owned businesses, if any, to be used in the contract, the type of work each business will perform, the dollar value of the work and the scope of work. The Utilization Report submitted by the contractor shall be submitted as a part of the contract with BCSD. If the information contained in the Contractor's Utilization Report changes by the time the contract is executed, the Contractor shall amend the Utilization Report and such amended Utilization Report shall be incorporated into the contract.

Business Enterprise Utilization Report

List all vendors/subcontractors to be used on this project. All MBEs or WBEs proposed for utilization on this project must be certified by the Small and Minority Business Assistance Office through the State of South Carolina according to the criteria of the Beaufort County School District's Minority Business Enterprise Plan prior to utilization on this project.

In column 2 below, please specify ethnic/racial/gender group as follows:

- AABE – African-American Business Enterprise
- HBE – Hispanic Business Enterprise
- ABE – Asian-American Business Enterprise
- WBE – Woman Business Enterprise

<u>Sub-Contractor Name</u>	<u>Gender Group</u>	<u>Address</u>	<u>Phone #</u>	<u>Other</u>	<u>E-Mail</u>

SSG is not engaging with a subcontractor to fulfill the requirements of the Statement of Services.

Statement of Intent

We, the undersigned have prepared and submitted all the documents required for this project. We have prepared these documents with a full understanding of the Beaufort County School District's goal to ensure equal opportunities in the proposed work to be undertaken in performance of this project. Specifically the BCSD seeks to encourage and promote on an inclusionary basis contracting opportunities without regard to the race, gender, national origin or ethnicity of the ownership or management of any business and that it is an equal opportunity employer and contracting entity. We certify that the representations contained in the Minority/Woman Business Enterprise (M/WBE) Utilization Report, which we have submitted with this solicitation, are true and correct as of this date. We commit to undertake this contract with the Minority/Woman Business utilization Report we have submitted, and to comply with all non-discrimination provisions of the Minority/Woman Business Enterprise Program in the performance of this contract.



Signature

11/22/2017

Date

Name: Siva Kakuturi

Title: President

Project: RFP# 18-014 -Medicaid Direct Billing Services