4. Organizational Capability

As it endeavors to coordinate its human services programs and respond to the requirements of the Affordable Care Act, the State of Connecticut seeks a highly qualified Call Center Vendor to provide consumer support and encourage consumer self-service through the deployment of a sophisticated and well designed Interactive Voice Response, Customer Relationship Management, and Knowledge Database. Having operated call centers for health insurance programs since 1992 and currently operating them in 17 states and the District of Columbia, MAXIMUS has established itself as a trusted, experienced, and proven leader in providing call center services that successfully respond to the unique needs of health insurance programs. With the pursuit of quality and best practices underpinning our call center operational and technical approach, the Exchange can be confident that MAXIMUS offers solid expertise amid the uncertainty of implementing this unprecedented program.

RFP Section 4.3, pages 20 - 22; Appendix B Reference #9

In response to the passage of the federal Affordable Care Act (ACA), the State of Connecticut is endeavoring to establish an Exchange that will reach the approximately 10 percent of Connecticut residents who are currently uninsured, and do so on an aggressive timeframe. As it seeks to coordinate human services delivery within the State, it envisions an integrated Exchange Call Center that offers callers tiered support, provides information about the Exchange and health care reform, and enrolls or re-enrolls consumers into qualified health plans. The Call Center will also offer appropriate referrals to the Connecticut Department of Social Services (DSS) Benefits Center, refer consumers to licensed Brokers as necessary to help them choose among qualified health plans, and help to maximize self-help options such as the Interactive Voice Response (IVR). The Exchange expects its Call Center Vendor to realize an operational model that has the flexibility and functionality to create a seamless customer service experience for those seeking health insurance.

the right CHOICE

- Implemented and currently operates more than 60 call centers for government health and human services programs
- Operates call centers for health insurance programs in 17 states and the District of Columbia, 10 of which handle more than 70,000 calls per month on average
- Adept at successfully managing flux and uncertainty, having done so for large-scale health insurance programs since 1992
- Has been preparing for implementation of the Affordable Care Act since its passage and [redacted]
- Possesses extensive experience in coordinating and integrating with complex systems and processes
- Offers an award-winning approach to the calculation of staffing needs through business process management tools, creating a staffing complement that is "right-sized" to accomplish the required scope of work and can easily accommodate fluctuations in demand

The requirements set forth in ACA and the model being pursued by the Exchange represent new frontiers for which few ready analogs exist. With the uncertainties inherent in such an undertaking, the Exchange recognizes the importance of selecting a Call Center Vendor with a high level of directly relevant experience and expertise. MAXIMUS amply meets that test:

- We have been implementing and operating health insurance program customer services projects since 1992, currently operating call centers in 17 states and the District of Columbia in programs that serve more than 20 million people
- Across our state-based health services projects, our staff members answer an average of more than 2.4 million calls per month
- With our flexible and scalable call center operational model, we are prepared to respond effectively to fluctuating call volumes, both expected and unexpected

- Because we are routinely tasked with integrating and coordinating with client systems and processes, we have the capacity and expertise to successfully operate within the integrated model that the Exchange envisions
- We strive to make quality a hallmark of our services, implementing call center processes and procedures that adhere to rigorous national standards
- Seven of our call center projects [redacted]
- We employ proven recruiting, hiring, and retention techniques to help ensure that we obtain and preserve a highly qualified and motivated project team that can deliver the consumer support standards our clients require

Among those organizations providing call center consumer support services for health insurance affordability programs, our experience and expertise are unrivaled. In selecting MAXIMUS, the Exchange can be confident that it is partnering with a knowledgeable, reliable, and highly capable Call Center Vendor. In the following subsections, we offer detail on our organizational capability and qualifications and supply requested information about comparable call centers we currently operate.

Responder Qualifications

RFP Section 4.3 page 20; Appendix B References #10 – 13

MAXIMUS Health Services, Inc. is a wholly owned subsidiary of parent company MAXIMUS, Inc., a public company traded on the New York Stock Exchange (symbol: MMS) with corporate headquarters in Reston, Virginia. [redacted] We have implemented and currently operate more than 60 call center locations in the US and Canada, employing nearly 5,900 professionals at those sites who possess the relevant training and experience to operate these call centers.

We apply our core mission of "Helping Government Serve the People®" to health and human services functions, and it forms the basis of everything we do.

Since its establishment in 1975, MAXIMUS has partnered with state, federal, local, and international governments to provide critical health and human service programs to a diverse array of communities. Our core mission of *"Helping Government Serve the People®"* is at the heart of our commitment to delivering the most effective solutions in the most efficient manner possible, and it forms the basis of everything we do. By concentrating our practice on government clients, MAXIMUS has created a culture in which the sole priority is helping our government and quasi-government clients implement and execute public policy.

MAXIMUS has been operating large-scale health services projects since 1992 and implementing and operating Medicaid managed care enrollment and customer services projects since 1995, developing effective solutions for our government clients every step of the way. MAXIMUS provides health services solutions across the nation, making large, complex systems and programs run smoothly. In addition to

Medicaid, our wide array of health care operational services encompasses support for Health Insurance Exchanges, Children's Health Insurance Programs (CHIP), eligibility and enrollment modernization, long-term care programs, and MMIS and health information technology consulting. Additionally, MAXIMUS provided call center services and consumer support during the launch of statewide health care reform in both Massachusetts and Vermont and has the proven ability to ensure the timely and effective implementation of these services. We have helped our clients meet virtually every kind of challenge that these initiatives can present. As a result, we have had the opportunity to develop optimal strategies and approaches that not only mitigate or prevent common challenges but also give us the flexibility to answer new challenges that come with evolving policy priorities.

Moreover, we are the market leader in supporting Medicaid and CHIP agencies across the country, serving 53 percent of Medicaid beneficiaries and 59 percent of CHIP enrollees nationwide. Our more than 8,800 staff members – whether in our corporate offices or in any of our local, state, national, or international projects – come to work each day knowing that their efforts meaningfully affect people's health and well-being. Every day we help thousands of government health program consumers across the country by offering unbiased choice counseling, assisting with enrollment, processing applications and related documentation, helping to resolve concerns, and answering questions on a wide variety of program and plan topics. We know that in helping governments meet their challenges, we affect the lives of the citizenry they serve.

Organizational Strength

MAXIMUS recognizes the importance of our corporate strength and stability for our clients. Effective government contracting requires a capacity to manage risk – for example, the risks inherent in embarking on the implementation of unprecedented programs. Smaller or more leveraged companies present their clients with the additional risk that one of the company's other projects might experience difficulties, potentially forcing a difficult decision about where to allocate limited corporate resources. Our publicly filed financial statements provide Connecticut with the assurance that we have the financial resources to support all of our projects simultaneously as well as continue to develop the innovations that improve the services being offered to consumers. Having grown to more than $929 million in revenue in 2011 with no long-term debt, we have accrued the financial and organizational capacity to oversee large-scale, highly visible projects. Our financial strength provides our government clients with the confidence that we can fulfill contractual responsibilities across our projects and deliver high quality, uninterrupted services to their citizens. Moreover, our financial stability and prudent leadership mean that Connecticut can count on us to be here for the long haul.

Connecticut can be confident that in implementing its Exchange Call Center, MAXIMUS has the corporate capacity and financial strength to deliver services of the highest standard.

MAXIMUS wide-ranging experience gives us the flexibility to answer new challenges that come with evolving policy priorities.

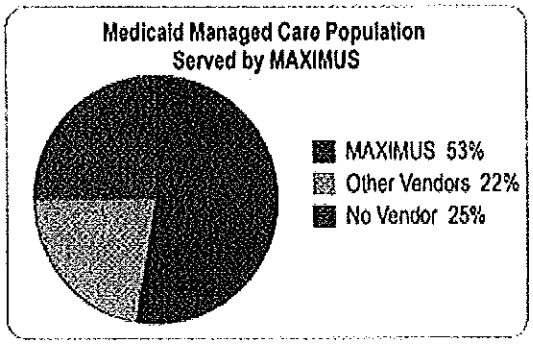
Our singular focus on the government health and human services market offers the Exchange two key benefits. First, it has allowed our supporting organizational resources to develop significant experience and expertise in meeting the particular needs of our public sector clients. For instance, our business

process modeling experts are available to design or refine process flows based on their experience in doing this for other government clients. Our user acceptance testing experts are available to ensure that the system works according to specifications before it goes live, and they have experience building test cases in the unique context of government systems. Our infrastructure experts for technology and facilities are available to install systems and telephony and build out the facility as required, and they know the unique intricacies and security requirements for government clients. Because these experts are in-house, they are already known and trusted members of our team and can be deployed precisely when and where they are needed. We know the quality of their work, and we know they can deliver exactly what our clients need. Our deep bench of expertise throughout our company is ready to be leveraged to support Connecticut's goals.

Second, this focus ensures that our ethical and conscientious service delivery is free from conflicts of interest, allowing us to provide consumer support, choice counseling, eligibility processing, and enrollment services in an impartial and objective manner and in ways that are consistent with our clients' priorities. Every choice we make as a company must comport with the needs of our government clients, and our corporate leadership's efforts are not divided between our clients' programs and other lines of business.

Experience Working with Health Insurance Programs

MAXIMUS possesses unmatched experience in providing consumer support services for insurance affordability programs. Every day we help thousands of consumers across the country, answering their questions, offering informative and unbiased choice counseling, helping them enroll, and resolving their concerns. As *Exhibit 4-1: MAXIMUS Percent of Medicaid Managed Care and CHIP Enrollees Served* illustrates, we are the market leader in these endeavors. Our Medicaid managed care enrollment broker projects, each of which includes a customer service call center, serve approximately 53 percent of Medicaid consumers across the country, or more than 17 million people. Our CHIP projects, which also include call centers, serve more than 3 million people, or approximately 59 percent of the nation's program enrollees. Through this experience, we have had the opportunity to work closely with health insurance companies in a number of ways, serving as health plan liaisons and offering informative and unbiased choice counseling to program enrollees.



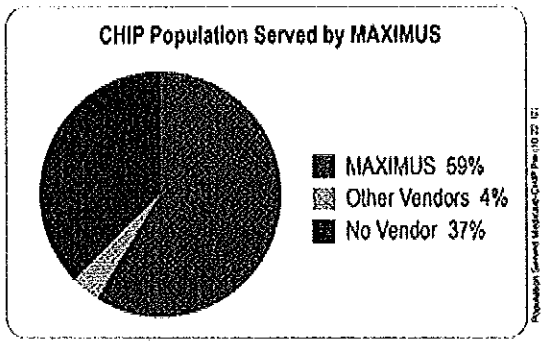


Exhibit 4-1: MAXIMUS Percent of Medicaid Managed Care and CHIP Enrollees Served. *MAXIMUS is the leading contractor in the nation providing state government health program consumer services for Medicaid and CHIP.*

We summarize our experience serving government health programs in *Exhibit 4-2: MAXIMUS Government Health Projects*. The functions we carry out resemble quite closely the scope of work for the Connecticut Exchange Call Center, providing the Exchange team with a level of confidence that we possess the tools and strategies to meet the needs of even the most complex set of services.

MAXIMUS Medicaid and CHIP Operations	Number of Years in Operation	Consumer Population	Call Center Customer Services	Enrollments	Eligibility Support Functions	Mailroom/Correspondence and Document Processing	Data Systems
Vermont Green Mountain Care Member Services	16.5	177k	✓	✓	✓	✓	✓
California Health Care Options	16	5M	✓	✓		✓	✓
Texas Enrollment Broker Services/Texas Health Steps	15.5	3.4M	✓	✓		✓	✓
Michigan ENROLLS Enrollment Broker/MIChild CHIP Administrative Services	15.5	1.8M	✓	✓	✓	✓	✓
Health*Colorado*	14.5	525k	✓	✓		✓	✓
Massachusetts MassHealth Customer Services	14.5	1.3M	✓	✓	✓	✓	✓
New York Medicaid CHOICE	14.5	3.3M	✓	✓		✓	✓
Georgia PeachCare for Kids	14	213k	✓		✓	✓	✓
Iowa *hawk-i*	12.5	38k	✓	✓	✓	✓	✓
Kansas HealthWave Clearinghouse	12	219k	✓		✓	✓	✓
Florida Healthy Kids and KidCare	12*	*	✓	✓	✓	✓	✓
Virginia Enrollment Broker Services	10	610k	✓	✓		✓	✓
California Healthy Families	8.5	875k	✓	✓	✓	✓	✓
Iowa Member Services	7.5	511k	✓	✓		✓	✓
Georgia Families	7.5	1.1M	✓	✓		✓	✓
Maryland HealthChoice Medicaid Enrollment Broker Program	7	788k	✓	✓		✓	✓
Texas Eligibility Support Services/CHIP	7	580k	✓	✓	✓	✓	✓
Tennessee CoverKids	5.5	44k	✓	✓	✓	✓	✓
South Carolina Healthy Connections	5	475k	✓	✓		✓	✓
Indiana Enrollment Broker Services	5	750k	✓	✓		✓	✓
Pennsylvania Enrollment Assistance Program	3.5	1.6M	✓	✓		✓	✓
Colorado Eligibility and Enrollment Services for Medical Assistance Programs	2.5	745k	✓	✓	✓	✓	✓
Pennsylvania Independent Enrollment Broker Medicaid Waiver Enrollment Services	2	12.7k**	✓	✓	✓	✓	✓
New York Health Options Enrollment Center	1.5	4.8M	✓	✓	✓	✓	✓
District of Columbia Healthy Families	1	135k	✓	✓		✓	✓
Louisiana BAYOU HEALTH	<1	950k	✓	✓		✓	✓

** Florida Healthy Kids and KidCare Project held 1996-2008 and awarded again in 2012; to go live in 2013*
*** Cumulative total of consumers served*

Exhibit 4-2: MAXIMUS Government Health Projects. *MAXIMUS possesses highly relevant experience in delivering program customer services to clients with diverse requirements, populations, and challenges.*

Call Center Experience

As was demonstrated above in *Exhibit 4-2*, MAXIMUS holds significant experience in operating call centers for government health programs, serving a diverse clientele. We have implemented and currently

operate more than 60 call center sites handling consumer inquiries for a wide variety of health and human services programs, employing nearly 5,900 professionals at those sites who possess the relevant training and experience to operate these call centers.

Exhibit 4-3: Call Center and Consumer Support Services in MAXIMUS Health Insurance Projects demonstrates our significant experience in scaling our call center operations to suit our clients' varying needs; our call centers have average monthly call volumes ranging from fewer than 10,000 calls to more than 590,000. With this wide-ranging experience, we are prepared to handle the Exchange Call Center's anticipated level of call volumes, its fluctuations in call volumes, and the "curve balls" that can come with the implementation of unprecedented programs.

MAXIMUS Government Health Insurance Call Centers	Average Monthly Call Volume	Call Center and Consumer Support Services	Choice Counseling
British Columbia Health Insurance Provincial Administrator	[redacted]	✓	✓
California Health Care Options	[redacted]	✓	✓
California Healthy Families Program	[redacted]	✓	✓
California Pre-Existing Condition Insurance Plan	[redacted]	✓	
Health*Colorado*	[redacted]	✓	✓
Colorado Eligibility and Enrollment Services for Medical Assistance Programs	[redacted]	✓	
District of Columbia Healthy Families	[redacted]	✓	✓
Georgia Families	[redacted]	✓	✓
Georgia PeachCare for Kids	[redacted]	✓	
Indiana Enrollment Broker Services	[redacted]	✓	✓
Iowa Member Services	[redacted]	✓	✓
Iowa *hawk-i*	[redacted]	✓	✓
Kansas HealthWave Clearinghouse	[redacted]	✓	
Louisiana BAYOU HEALTH	[redacted]	✓	✓
Maryland HealthChoice Medicaid Enrollment Broker Program	[redacted]	✓	✓
Massachusetts MassHealth Customer Services	[redacted]	✓	✓
Michigan ENROLLS Enrollment Broker/MIChild CHIP Administrative Services	[redacted]	✓	✓
New York Health Options Enrollment Center	[redacted]	✓	
New York Medicaid CHOICE	[redacted]	✓	✓
New York Pre-Existing Condition Insurance Plan	[redacted]	✓	
Pennsylvania Enrollment Assistance Program	[redacted]	✓	✓
Pennsylvania Independent Enrollment Broker Medicaid Waiver Enrollment Services	[redacted]	✓	✓
South Carolina Healthy Connections	[redacted]	✓	✓
Tennessee CoverKids	[redacted]	✓	✓
Texas CHIP	[redacted]	✓	✓
Texas Enrollment Broker Services/Texas Health Steps	[redacted]	✓	✓
Texas Eligibility Support Services	[redacted]	✓	✓

Exhibit 4-3: Call Center and Consumer Support Services in MAXIMUS Health Insurance Projects. *Our extensive experience in implementing and operating call center functions for public health insurance projects represents a comprehensive framework for us to draw upon to offer innovative and high quality solutions and services to the Exchange Call Center project.*

MAXIMUS Government Health Insurance Call Centers	Average Monthly Call Volume	Call Center and Consumer Support Services	Choice Counseling
Vermont Green Mountain Care Member Services	[redacted]	✓	✓
Virginia Enrollment Broker Services	[redacted]	✓	✓

Exhibit 4-3: Call Center and Consumer Support Services in MAXIMUS Health Insurance Projects (continued). *Our extensive experience in implementing and operating call center functions for public health insurance projects represents a comprehensive framework for us to draw upon to offer innovative and high quality solutions and services to the Exchange Call Center project.*

Commitment to Quality

We know from experience that an educated consumer is better prepared to make an informed choice, making selections that are best for themselves and their families, ultimately leading to enhanced consumer satisfaction and improved health outcomes. The key to helping consumers make informed choices is offering them outstanding customer service, and we endeavor to make quality a hallmark of MAXIMUS service delivery. [redacted]

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

MAXIMUS approaches quality and compliance both as an internal project function and as a corporate responsibility. Our corporate Office of Quality and Risk Management (QRM), discussed in greater detail in *Section 5.5: Dedication to Quality,* was created and empowered to ensure that a commitment to quality and continuous improvement is central to our operations and growth as a company. QRM coordinates our quality efforts, facilitating the sharing of best practices between projects, focusing on improving project execution, maintaining regulatory compliance, and ensuring that quality-focused practices are implemented throughout the company so that we may continue to offer exceptional service to and mitigate risks for our government clients. [redacted]

Through our BPM initiatives, we seek to align our efforts with our clients' needs, pursuing efficiency and effectiveness in today's processes while keeping an eye toward developing the innovations that will improve those processes going forward. Because our efforts are most keenly felt by the consumers who access the services we provide for our clients' programs, we strive to know and understand consumers' perceptions of the service they receive from MAXIMUS team members.

We take great pride in the excellent customer service that callers have reported, and we attribute our success with customer service to our recruiting, hiring, training, and retaining outstanding staff members, whose dedication, experience, and longevity with our projects make the difference in achieving the customer service standards we aspire to. Their efforts contribute daily to the goals of resolving consumer concerns, helping consumers understand their options, and ultimately, creating the favorable outcomes our state clients desire.

Responsiveness to Changing Client Needs

With the coming implementation of the Connecticut Health Benefit Exchange Call Center, the State recognizes the need for flexibility and scalability – not just to handle work volumes during anticipated periods of flux such as initial implementation and open enrollment, but also to handle the work volume uncertainties inherent in starting new programs. In our 20-year history of implementing and operating large-scale government health services projects, we have had the opportunity to help a clientele that represents broad diversity in the populations they serve, the budgetary challenges they face, and the policy directives and objectives they seek to satisfy. Moreover, we have had the opportunity to help them meet numerous challenges and changes, including the implementation of the first Medicaid managed care programs; the transition from Primary Care Case Management (PCCM) programs to managed care organizations (MCOs); the transition from voluntary to mandatory managed care enrollment; expansions of program services to new regions and populations; centralization of customer services and eligibility processing; and the modification of programs and/or benefit packages in response to budget constraints, to name just a few of the changes we have helped clients implement.

The principal virtue we realize in serving this diverse clientele and their changing needs is the flexibility that it has bred in our capacity to deliver effective services. We have been able to establish and refine highly effective business processes to meet the changing needs of our government clients, allowing us to respond quickly as needed and plan appropriately for change. These processes allow us to:

- **Successfully handle fluctuating call volumes.** For instance, in 2011, the State of Louisiana's Department of Health and Hospitals sought to transition from Primary Care Case Management (PCCM) to Medicaid managed care for its Medicaid beneficiaries, selecting MAXIMUS to help with the transition and the work of newly enrolling beneficiaries into managed care plans. In December 2011 we began offering managed care enrollment services to Louisiana's Medicaid consumers. Having helped a number of other states make this transition, we were able to anticipate the pattern of workload surge and stabilization as stakeholders – enrollees, providers, hospitals, and health plans – made adjustments to and sought information on the new model of Medicaid delivery. The transition followed a phased roll-out for three regions in the State – the first in December 2011; the second in March 2012; and the final in June 2012. Throughout the process, we scaled our project staffing as needed, not only to handle the surge that accompanies initial roll-out but secondary surges that occur as enrollees find they have additional questions.

  MAXIMUS expertise allows us to scale our processes to address changes in work volumes, whether those changes are anticipated or unanticipated.

- **Successfully plan for changes in program scope and scale.** In early 2011, our client in Texas introduced two significant policy changes that would dramatically affect our call volumes: expansion of Medicaid managed care coverage statewide, and plans to offer all Medicaid managed care eligible members a choice of Dental Maintenance Organizations during their coverage period. We further anticipated that the rapid rise in call volumes during implementation would be followed by a similarly quick decline, with a new monthly average call volume somewhat higher than previously experienced. With the current call center's space utilization

at capacity, [redacted]

[redacted] **Successfully respond to unanticipated work volumes.** For instance, in August 2007, our Medicaid Part D Qualified Independent Contractor project with the Centers for Medicare and Medicaid Services (CMS) began to receive Late Enrollment Penalty (LEP) reconsiderations from enrollees. [redacted]

- **Successfully adapt eligibility systems and processes to take advantage of opportunities to enhance efficiency.** Our work in Michigan offers an example. As the eligibility services provider for Michigan's CHIP program, MIChild, MAXIMUS is required to refer applicants to the State's Department of Human Services (DHS) when their incomes meet Medicaid guidelines. DHS likewise is required to refer applicants whose income exceeds Medicaid guidelines to MIChild. Between 1998 and 2010, this was a manual process that required state workers to rekey eligibility documents, leading to wasted resources and the potential for keystroke errors. [redacted] MAXIMUS utilized our extensive program and operational knowledge during the interface development process to insure that each file format contained all required data elements in a useable format. MAXIMUS expertise and thoroughness minimized expensive change orders needed to "tweak" the interfaces after they went into production. Since the interfaces were deployed in September 2010, the State has been able to eliminate inefficient and costly rework, which is especially helpful in a time of historically tight budgets and increasing Medicaid and CHIP enrollment.

With the implementation of new programs for which no exact analogs currently exist, the planning consists of many knowns, a few "known unknowns," and the concern for any "unknown unknowns" that may surface. In such a circumstance, the need for a highly experienced Call Center Vendor – particularly one with extensive experience serving government health insurance programs – is paramount. Our extensive and varied call center experience has given us the requisite knowledge and expertise to assist the State with the fluctuating call volumes that the Exchange Call Center may experience and respond successfully to unanticipated challenges the Exchange Call Center may face in operation.

Expertise Interacting with Client Systems and Processes

Successful operation of the Exchange will rely in part on the seamless integration of the systems and processes of many participants and stakeholders, including (though not limited to) the Call Center

Vendor, Quality Assurance Vendor, Systems Integrator, the DSS Benefits Center, and call centers around the State. As a result, the State seeks a Call Center Vendor that has experience in designing systems that successfully interact with client systems, and routinely adheres to collaborative processes that keep the achievement of program goals and desired outcomes as the primary focus.

Operations at our eligibility and enrollment projects rely extensively on customized and flexible software solutions we have developed with the precise needs of our clients in mind. The capacity to interface with client systems is a routine feature of the work we do for our government clients, and we have considerable expertise in designing processes that handle this responsibility efficiently and effectively. For instance,

[redacted]

MAXIMUS possesses considerable expertise in designing processes to efficiently and effectively interface with client systems.

[redacted] At our Michigan MIChild project, [redacted] MI Bridges allows individuals to apply for a range of government services such as Medicaid, food assistance, and emergency relief; these electronic two-way interfaces between MIChild and the State client have increased the accuracy of program referrals and improved completeness of applications. [redacted]

- In Texas [redacted]
- In our Vermont [redacted]

Beyond systems, we regularly work collaboratively with our clients' processes to improve overall program performance. An example of this comes from our Massachusetts MassHealth Customer Services project. In 2006, MAXIMUS began an initiative to support and assist the Commonwealth's MassHealth Enrollment Centers (MECs), which were experiencing an overwhelming number of calls at the time due to the onset of the State's health care reform effort. In a partnership that has substantially grown and developed since the initial pilot, [redacted]

With the number and variety of stakeholders involved in the Connecticut Health Insurance Exchange, the need for a Call Center Vendor with the proven ability to design, implement, and operate integrated systems and processes is evident. Such integration is a regular part of the work we do for our state clients around the country, and we recognize that our ability to seamlessly carry out this fundamental responsibility greatly enhances the efficiency, effectiveness, and quality of consumer service delivery.

Affordable Care Act Expertise and Knowledge

MAXIMUS has analyzed, followed, and supported implementation of components of ACA since its inception. Even prior to the legislation's passage, we met with key stakeholders across the country and sought to understand the Exchange concept from the perspective of consumers, employers, employees, health plans, and government agencies to identify the key processes and business transactions it will entail. For the past two years, we have applied our prior experience with health care programs and private insurers, as well as our technology systems and tools, to develop detailed modeling of the ACA law from the perspective of the business processes required to make an exchange work in the real world. We have further studied the process requirements around exception and exemption processing, fall-out from the self-service channels, and research and missing information processing, as well as manual overrides for all standard-based processing. [redacted]

Exhibit 4-9: Exchange Vision. *MAXIMUS has done extensive analysis of the stakeholders and business processes of an exchange, giving us an industry-leading understanding of this complex undertaking.*

We have brought this high level of understanding and expertise to several government clients. For instance,

- MAXIMUS was recently awarded the contract for the Minnesota Health Insurance Exchange, with responsibility for designing and developing the technical solution for Minnesota's statewide health insurance exchange and Medicaid modernization effort. We will deliver major technology improvements to Minnesota's Medicaid systems to streamline eligibility determinations, enhance customer service, allow for timely eligibility changes, and promote ongoing program integrity. MAXIMUS is leading a team of specialized technology firms in designing and developing the Minnesota Health Insurance Exchange, with responsibility for managing the project, serving as the client liaison, documenting all business requirements, overseeing integration testing, developing an array of reports for the Exchange, and delivering an exceptional customer service experience for users of the system.
- MAXIMUS is working with the New York Department of Health and its Exchange technology vendors to design New York's Health Insurance Exchange as an expansion of our existing Medicaid eligibility processing center, New York Health Options. In this partnership role, we are assisting in defining use cases, business processes, and implementation details. We are contributing significant resources to develop the roadmap from our existing scope in both the New York Health Options and New York Medicaid CHOICE projects to New York's Exchange vision.
- MAXIMUS was selected as the contractor to enroll participants in New York's and California's Pre-Existing Condition Insurance Plans (PCIP), mandated by ACA. These programs cover those with a pre-existing condition or those who have been denied coverage due to a health condition. For both of these programs, we operate consumer support call centers, process applications, transmit files to participating health plans, and assist in eligibility determination.
- In Vermont, we expanded staffing and infrastructure, modified resources and materials, and worked closely with our client to support the implementation and ongoing operations of the State's universal health reform program. Within a short timeframe, we had established operations to effectively respond to consumer inquiries and support enrollment into a variety of new programs. Most recently, we are initiating discussions with the State to carry out a comparable scope of work to the Connecticut Exchange Call Center. In Vermont, independent assessment of our existing Call Center functionality resulted in a recommendation to leverage and expand our Call Center to handle the Exchange responsibilities.
- We were recently selected by the United States Office of Personnel Management (OPM) to provide ACA-mandated appeals for states that lack compliant programs, as well as PCIP Appeals supporting the Center for Consumer Information and Insurance Oversight (CCIIO).
- Our client in Massachusetts expanded our MassHealth contract to include health reform populations covered by the State's universal health reform legislation. Within six weeks of first meeting with the Massachusetts Connector Authority, we were taking calls about health reform from the general public and enrolling the first participants who were fully subsidized by the State. Three months later, we partnered with Massachusetts to enroll the first partially subsidized participants in the program.
- We helped Indiana set up its Healthy Indiana Plan, which covers otherwise uninsured single adults.

Our extensive knowledge of ACA requirements and the operational aspects of administering an exchange, combined with our expertise and deep experience providing eligibility support for government health programs, will enable us to establish and deliver highly effective call center operations for the Exchange Call Center project.

4.1 Comparable Call Centers

RFP Section 4.3.1, page 21; Appendix B References #14-18 and 265

Below we offer descriptions and requested details of three of our call center projects: New York Medicaid CHOICE, a Medicaid managed care enrollment broker project; Vermont Green Mountain Care Member Services, a full-service program administrator for multiple State health programs; and Michigan ENROLLS/MIChild, a Medicaid and CHIP managed care enrollment broker and eligibility project. These projects represent the wide range of our capacity to deliver effective call center consumer services for health insurance programs, and we have been operating them for a minimum of 14 years each.

4.1.1 New York Medicaid CHOICE

MAXIMUS has served the New York State Department of Health with the New York Medicaid CHOICE (NYMC) project since its inception in [redacted]. Among the largest managed care enrollment programs in the country, it serves more than 3.3 million beneficiaries. NYMC serves a broad constellation of stakeholders, including a large consumer population with broad ethnic and linguistic diversity; government stakeholders in New York City, in numerous counties, and at the State level; and nearly two dozen health plans. [redacted]

The primary objective of the program is to enroll Medicaid consumers into a qualified health plan with the provider of their choice. MAXIMUS staff at the NYMC project operate a customer support center that offers [redacted] through a toll-free call center; supply accurate and complete information on managed care choices and educate consumers on their rights and responsibilities under managed care; distribute educational materials that assist consumers in making managed care choices; conduct all health plan and provider enrollment and disenrollment activities; perform outreach to consumers and educate them on the concepts of managed care; and work closely with numerous community-based organizations to communicate information about the managed care enrollment process. The project has long supported managed care for the SSI population, and allows for voluntary managed care enrollment for dual eligibles. In addition, the project supports Special Needs Plans (SNPs) dedicated to persons with HIV/AIDS, which are managed care plans funded by Medicaid that are tailored specifically to the unique needs of the HIV/AIDS population. In the near future, we will also provide managed care support for people in long-term care settings.

In 2011, we entered our third competitive procurement with the program and were awarded the contract to continue offering these services through [redacted]. In designing new solutions for our client, we proposed a new Interactive Voice Response (IVR) system, [redacted]. We also streamlined the customer service center through technology enhancements and script changes, leading to a reduction of almost one-third in staffing without compromising quality. [redacted] We are also working closely with the State's Medicaid Redesign Team to implement system-wide savings. The initiative includes changes that streamline eligibility and managed care enrollment,

enhancing customer service and realizing cost savings. We have implemented the Managed Long Term Care (MLTC) project for dual-eligibles, bringing managed care's cost efficiencies and coordination of care model to this population's specific and complex needs for the first time. At the same time, we are continuing to expand by offering services previously handled at the county level in rural areas of the State, and eventually will be providing all of those services statewide.

[redacted]

New York Medicaid CHOICE	
Client Name/Organization	New York State Department of Health
Client Size, Geographic Location, Industry	Our client for this project is a state government agency with offices in Albany, New York; our call center for this project handles an average of [redacted] calls per month
Consumer Assistance Services Provided	▪ Toll-free consumer support center with in-house capacity to offer assistance in [redacted] languages ▪ Program and plan enrollments ▪ Choice counseling ▪ Consumer education and outreach
Solution Technical Description	[redacted] ▪ [redacted]
Consumer Population Served (Number of Consumers)	3.3M
Total Project Cost to Client	[redacted]
Project Start and End Dates	[redacted]
Project Team Size	[redacted]

4.1.2 Vermont Green Mountain Care Member Services

MAXIMUS has served as the customer service department for health care programs administered by the Department of Vermont Health Access for more than [redacted] years. Our original scope of work has expanded over time to offer services for a wide range of programs including Medicaid; CHIP; Vermont's Primary Care Plus *(PC Plus)* managed care program; the Vermont Health Access Program (VHAP) for uninsured adults meeting certain income guidelines; VHAP Employer-Sponsored Insurance (ESI) for uninsured adults who meet certain income guidelines and need assistance paying health insurance premiums for employer-sponsored insurance; Catamount Health with Premium Assistance (CHAP) with premiums based on household income and family size; and several pharmacy programs for individuals who are dually eligible for Medicare and Medicaid.

Vermont's unique program and service offerings have given us the opportunity to develop wide-ranging areas of expertise in public health insurance service delivery. While we have helped several states transition from PCCM to Medicaid managed care, in Vermont we had the unique opportunity to help the State transition from Medicaid managed care to PCCM. When both participating MCOs withdrew from

participation in Medicaid managed care, we helped the State convert the entire enrollee population to the newly created PCCM program – developed in partnership with the State – that had originally been intended only for Aged, Blind, and Disabled (ABD) enrollees. In addition, we supported the implementation of statewide health care reform in Vermont, offering enrollment assistance and customer services for additional populations as well as an increased volume of traditional enrollees.

We serve as the first contact for anyone interested in these programs and triage all health care eligibility calls for the Health Access Eligibility Unit (HAEU). Member Services Representatives in our toll-free call center educate program participants and the public about their Medicaid options, such as program eligibility and benefits; pre-screen for program eligibility; assist individuals in completing their applications; process enrollments in the State's managed care program, *PC Plus*; use claims and eligibility data to research and resolve eligibility, covered services, billing, or access to care problems; and serve as a clearinghouse for written materials such as applications and brochures. MAXIMUS recently secured our third contract renewal through a competitive procurement. In recognition of our successful performance and robust scope of effort, outside vendors have recommended that we transition our Call Center to serve as Vermont's Exchange Call Center.

Vermont Green Mountain Care Member Services	
Client Name/Organization	Department of Vermont Health Access, Agency of Human Services
Client Size, Geographic Location, Industry	Our client for this project is a state government agency with offices in Williston, Vermont; our call center for this project handles an average of [redacted] calls per month
Consumer Assistance Services Provided	▪ Toll-free consumer support center for a wide range of health and pharmacy programs ▪ Program and plan enrollments ▪ Eligibility support functions ▪ Choice counseling ▪ Consumer education and outreach ▪ Premium support services ▪ Non-emergency transportation support ▪ Bus Ticket Program administration
Solution Technical Description	[redacted] ▪ [redacted]
Consumer Population Served (Number of Consumers)	177,000
Total Project Cost to Client	[redacted]
Project Start and End Dates	[redacted]
Project Team Size	[redacted]

4.1.3 Michigan ENROLLS/MIChild

We are proud of our long partnership with the Michigan Department of Community Health (DCH). From [redacted] when our first contract began, MAXIMUS has helped DCH serve the people of Michigan who are in need of public health insurance. Under our first contract, MAXIMUS served as the Medicaid managed care enrollment broker for Michigan ENROLLS, the Medicaid managed care program for the 1.2 million members who needed services at that time. In [redacted], under a separate contract, we started administering the Michigan CHIP (MIChild). In [redacted], MAXIMUS assumed operation of the State's Beneficiary Helpline for the State's 1.8 million beneficiaries. In [redacted], DCH consolidated the two contracts into one contract. In [redacted], Michigan invested in a complete overhaul of their eligibility system and their MMIS. We adapted our systems to interface with the updates and provided critical member and provider support through the transition to the new system.

In 2010's competitive procurement, MAXIMUS was awarded the contract to continue to provide enrollment services under the Michigan ENROLLS program, and eligibility support services under the MIChild program. With the term of the recent rebid contract extending to [redacted], MAXIMUS will have been providing managed care enrollment services to DCH for [redacted] years. We continue to keep our focus on quality, responsiveness, and cost-effectiveness. The project receives nearly [redacted] calls per month related to enrollments, member services, eligibility questions, premiums, and assistance with completing applications. We supply Medicaid managed care enrollment broker services and related systems; a toll-free customer service center with robust ACD call routing and reporting capabilities, and an IVR for status of Medicaid and health plan enrollment information; premium processing through a subcontracted lockbox and IVR capability for members to check the status of premium payments; an interactive website for eligibility determination in four programs; electronic interface with our client to refer applications between MIChild and Medicaid; and production and mailing of MIhealth cards (Medicaid ID cards).

Michigan ENROLLS/MIChild	
Client Name/Organization	Michigan Department of Community Health, Medical Services Division
Client Size, Geographic Location, Industry	Our client for this project is a state government agency with offices in Lansing, Michigan; our call center for this project handles an average of [redacted] calls per month
Consumer Assistance Services Provided	▪ Toll-free consumer support center for Medicaid managed care, CHIP and other state health programs ▪ Program and plan enrollments ▪ Eligibility support functions ▪ Choice counseling ▪ Consumer education and outreach ▪ Premium processing ▪ Production and mailing of Medicaid ID cards
Solution Technical Description	[redacted] ▪ [redacted]
Consumer Population Served (Number of Consumers)	1.8M
Total Project Cost to Client	[redacted]
Project Start and End Dates	[redacted]
Project Team Size	[redacted]

4.2 Responder References

RFP Section 4.3.2, page 21; Appendix B Reference #19

MAXIMUS is pleased to present three customer references, summarized previously in *Section 4.1: Comparable Call Centers*, which demonstrate our experience in providing call center services for health insurance programs. We [redacted] Our clients for these projects have agreed to serve as references and are aware that they may be contacted to comment on their experience in contracting with MAXIMUS.

As shown by these representative initiatives, MAXIMUS has the flexibility to provide call center services to a variety of state clients. We modify and increase the scale and capabilities of our business processes, personnel, and data systems whenever needed to effectively handle our clients' requirements. This practical understanding of and experience with the key components of government health insurance customer service operations has built a solid foundation for our management and oversight of the Exchange Call Center project.

New York Medicaid CHOICE	
Client Name/Organization	New York State Department of Health
Contact Name	[redacted]
Contact Title and Project Role	[redacted]
Phone Number	[redacted]
Email	[redacted]

Vermont Green Mountain Care Member Services	
Client Name/Organization	Department of Vermont Health Access, Agency of Human Services
Contact Name	[redacted]
Contact Title and Project Role	[redacted]
Phone Number	[redacted]
Email	[redacted]

Michigan ENROLLS/MIChild	
Client Name/Organization	Michigan Department of Community Health, Medical Services Division
Contact Name	[redacted]
Contact Title and Project Role	[redacted]
Phone Number	[redacted]
Email	[redacted]

4.3 Assumptions

RFP Section 4.3.3; page 21; Appendix B Reference #20

[redacted]

4.3.1 [redacted]

[redacted]

[redacted]

4.3.2 [redacted]

[redacted]

4.3.3 [redacted]

[redacted]

4.3.4 [redacted]

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Provided by RFP:

Steady State Exchange	155,250
Current Medicaid Population	616,655
Medicaid newly eligible population (including low income children)	159,200
Total Estimated Exchange User Population – Steady State	931,105

MMS Modeling:

		Total MMS Anticipated Population	% Incr
Year 1	Month 1	78,810	
	Month 2	131,350	66.7%
	Month 3	170,755	30.0%
	Month 4	236,430	38.5%
	Month 5	262,700	11.1%
	Month 6	358,186	36.3%
	Month 7	453,673	26.7%
	Month 8	549,159	21.0%
	Month 9	644,646	17.4%
	Month 10	740,132	14.8%
	Month 11	835,619	12.9%
	Month 12	931,105	11.4%
Year 2	Month 13	933,433	0.2%
	Month 14	935,766	0.2%
	Month 15	938,106	0.2%
	Month 16	940,451	0.2%
	Month 17	942,802	0.2%
	Month 18	945,159	0.2%
	Month 19	947,522	0.2%
	Month 20	949,891	0.2%
	Month 21	952,266	0.2%
	Month 22	954,646	0.2%
	Month 23	957,033	0.3%
	Month 24	959,425	0.2%

		Total MMS Anticipated Population	% Incr
Year 3	Month 25	961,824	0.2%
	Month 26	964,229	0.2%
	Month 27	966,639	0.2%
	Month 28	969,056	0.2%
	Month 29	971,478	0.2%
	Month 30	973,907	0.2%
	Month 31	976,342	0.2%
	Month 32	978,783	0.2%
	Month 33	981,230	0.3%
	Month 34	983,683	0.2%
	Month 35	986,142	0.2%
	Month 36	988,607	0.2%

[redacted]

4.3.5 [redacted]

4.4 Staffing Plan

RFP Section 4.3.4, pages 21 - 22; Appendix B References #51, 87, 92 – 93, and 95 – 101

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