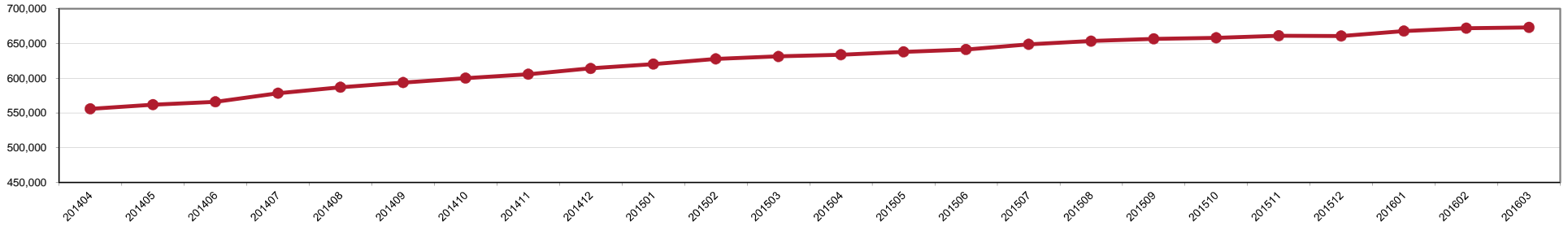


1. Total Centennial Care Monthly Enrollment

Centennial Care Managed Care Enrollment



2. Total Centennial Care Dollars and Member Months by Program

Aggregate Member Months by Program			
Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	4,676,813	4,763,276	2%
Long Term Services and Supports	549,081	568,627	4%
Other Adult Group	1,915,582	2,531,109	32%
<b>Total Member Months</b>	<b>7,141,476</b>	<b>7,863,012</b>	<b>10%</b>

Aggregate Medical Costs by Program			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,223,760,964	\$ 1,218,428,592	0%
Long Term Services and Supports	\$ 834,372,993	\$ 915,548,053	10%
Other Adult Group Physical Health	\$ 745,107,755	\$ 948,902,919	27%
Behavioral Health - All Members	\$ 299,764,570	\$ 322,736,937	8%
<b>Total Medical Costs</b>	<b>\$ 3,103,006,282</b>	<b>\$ 3,405,616,501</b>	<b>10%</b>

Per Capita Medical Costs by Program (PMPM)			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 261.67	\$ 255.80	-2%
Long Term Services and Supports	\$ 1,519.58	\$ 1,610.10	6%
Other Adult Group Physical Health	\$ 388.97	\$ 374.90	-4%
Behavioral Health - All Members	\$ 41.98	\$ 41.04	-2%
<b>Total</b>	<b>\$ 434.50</b>	<b>\$ 433.12</b>	<b>0%</b>

Aggregate Non-Medical Costs			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 343,688,418	\$ 375,825,561	9%
NMMP Assessment	\$ 63,674,492	\$ 52,783,952	-17%
Premium Tax - Net of NMMP Offset	\$ 120,597,706	\$ 134,135,433	11%
<b>Total Non-Medical Costs</b>	<b>\$ 527,960,616</b>	<b>\$ 562,744,946</b>	<b>7%</b>

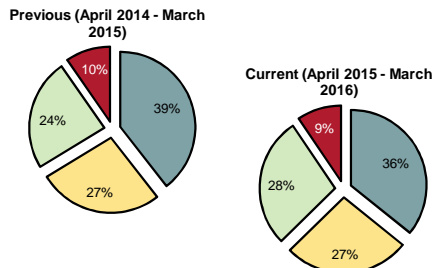
  

Per Capita Medical Costs by Program (PMPM)			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 48.13	\$ 47.80	-1%
NMMP Assessment	\$ 8.92	\$ 6.71	-25%
Premium Tax - Net of NMMP Offset	\$ 16.89	\$ 17.06	1%
<b>Total</b>	<b>\$ 73.93</b>	<b>\$ 71.57</b>	<b>-3%</b>

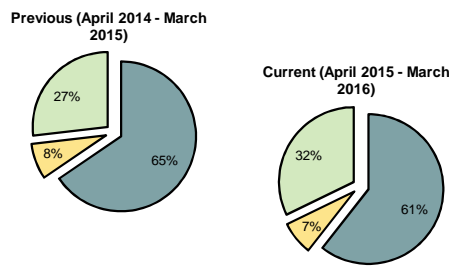
  

Estimated Total Centennial Care Costs			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 3,103,006,282	\$ 3,405,616,501	10%
Non-Medical	\$ 527,960,616	\$ 562,744,946	7%
<b>Total</b>	<b>\$ 3,630,966,898</b>	<b>\$ 3,968,361,447</b>	<b>9%</b>

Centennial Care Medical Expenditures



Centennial Care Member Months



\*See above for legend.

\*See above for legend.

3. Total Program Medical/Pharmacy Dollars

Aggregate Costs by Service Categories			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 2,823,523,324	\$ 3,049,901,663	8%
Pharmacy	\$ 279,482,958	\$ 355,714,838	27%
<b>Total</b>	<b>\$ 3,103,006,282</b>	<b>\$ 3,405,616,501</b>	<b>10%</b>

Per Capita Medical Costs by Program (PMPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 395.37	\$ 387.88	-1.9%
Pharmacy	\$ 39.14	\$ 45.24	15.6%
<b>Total</b>	<b>\$ 434.50</b>	<b>\$ 433.12</b>	<b>-0.3%</b>

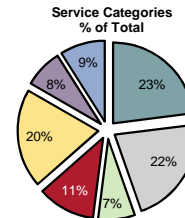
Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 714,005,570	\$ 680,427,311	-5%
Acute Outp/Phy	\$ 671,593,855	\$ 755,467,535	12%
Nursing Facility	\$ 228,445,499	\$ 227,007,301	-1%
Community Benefit/PCO	\$ 356,689,826	\$ 389,278,234	9%
Other Services	\$ 614,299,624	\$ 733,754,085	19%
Behavioral Health	\$ 238,488,950	\$ 263,967,198	11%
Pharmacy (All)	\$ 279,482,958	\$ 355,714,838	27%
<b>Total Costs</b>	<b>\$ 3,103,006,282</b>	<b>\$ 3,405,616,501</b>	<b>10%</b>

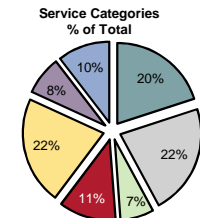
Per Capita Medical Costs by Program (PMPM)			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 99.98	\$ 86.54	-13.4%
Acute Outp/Phy	\$ 94.04	\$ 96.08	2.2%
Nursing Facility	\$ 31.99	\$ 28.87	-9.7%
Community Benefit/PCO	\$ 49.95	\$ 49.51	-0.9%
Other Services	\$ 86.02	\$ 93.32	8.5%
Behavioral Health	\$ 33.39	\$ 33.57	0.5%
Pharmacy (All)	\$ 39.14	\$ 45.24	15.6%
<b>Total</b>	<b>\$ 434.50</b>	<b>\$ 433.12</b>	<b>-0.3%</b>

\* Per capita not normalized for case mix changes between periods.

Previous (12 mo.) service distribution



Current (12 mo) service distribution



4. Notes

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.
2. Other Adult Group continues to see enrollment growth. Dollar comparisons between previous and current periods reflect this significant change in enrollment.
3. Other Services includes, but is not limited to, the following services emergency department utilization, emergent transportation, non-emergent transportation, vision, and dental.

**State of New Mexico - All MCOs**

Total Population (TANF, Aged, Blind, Disabled, CYFD, Pregnant Women)

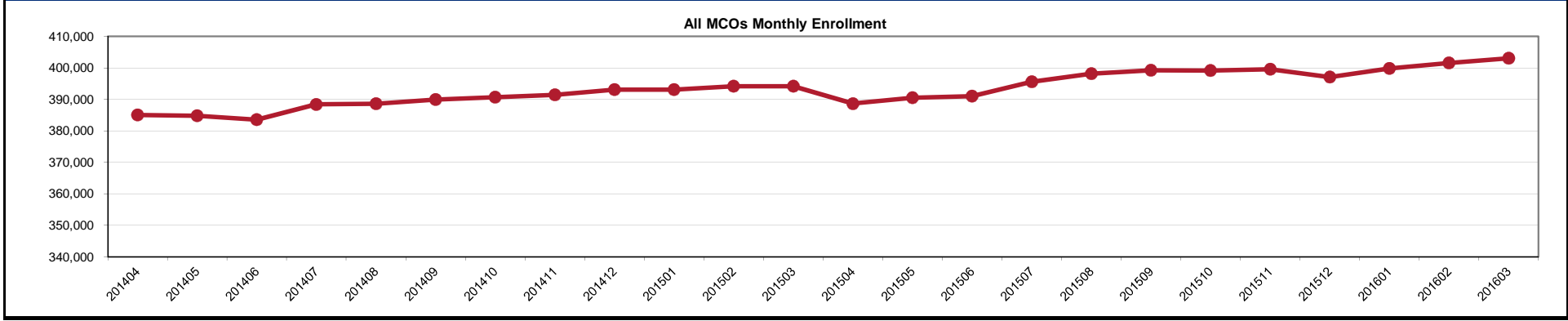
Physical Health Utilization and Cost Review

Reported Encounters for Enrolled Members as of: June 30, 2016

Previous Period: April 1, 2014 to March 31, 2015

Current Period: April 1, 2015 to March 31, 2016

**1. Total Population Monthly Enrollment**



**2. Total Population Medical/Pharmacy Dollars**

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,121,196,152	\$ 1,100,165,978	-2%
Pharmacy	\$ 102,564,812	\$ 118,262,614	15%
<b>Total</b>	<b>\$ 1,223,760,964</b>	<b>\$ 1,218,428,592</b>	<b>0%</b>

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 404,993,467	\$ 343,728,214	-15%
Outpatient (OP)	\$ 160,212,242	\$ 173,759,995	8%
Physician (PH)	\$ 217,577,577	\$ 222,390,138	2%
Emergency Department (ED)	\$ 68,855,199	\$ 76,932,645	12%
Pharmacy (RX)	\$ 102,564,812	\$ 118,262,614	15%
Other (OTH)	\$ 269,557,666	\$ 283,354,987	5%
<b>Total Population Costs</b>	<b>\$ 1,223,760,964</b>	<b>\$ 1,218,428,592</b>	<b>0%</b>

Per Capita Cost (PMPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PMPM)	\$ 261.67	\$ 255.80	-2%

Total Member Months		
	Previous (12 mon)	Current (12 mon)
Total Member Months	4,676,813	4,763,276

**3. Retail Pharmacy Usage (Definitions in Glossary)**

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 68,394,482	\$ 84,810,872	24%
Generic	\$ 31,548,384	\$ 30,671,054	-3%
Other Rx	\$ 2,621,946	\$ 2,780,688	6%
<b>Total</b>	<b>\$ 102,564,812</b>	<b>\$ 118,262,614</b>	<b>15%</b>

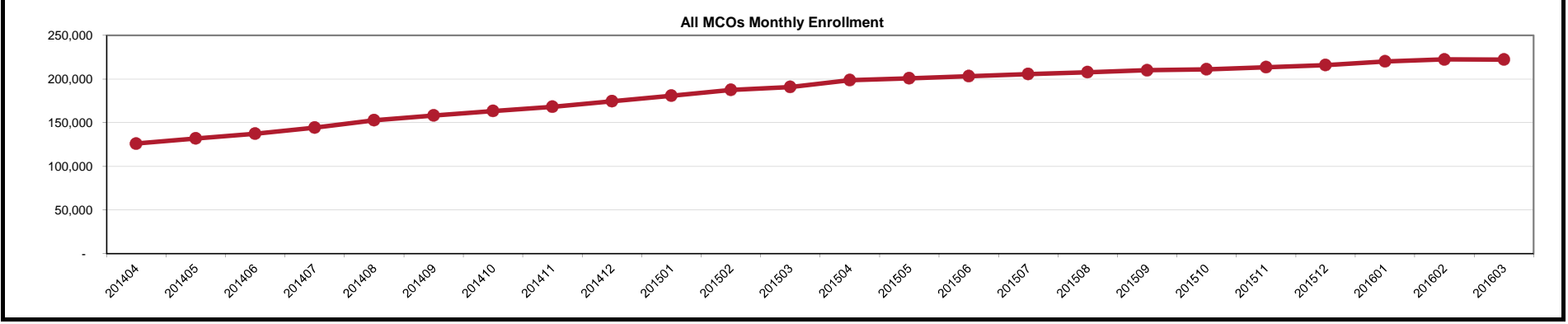
  

\* "Other Rx" represents supplies such as diabetic test strips.

**4. Notes**

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.

**1. Total Population Monthly Enrollment**



**2. Total Population Medical/Pharmacy Dollars**

**Aggregate Annual Costs**

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 656,554,652	\$ 804,335,427	23%
Pharmacy	\$ 88,553,102	\$ 144,567,491	63%
<b>Total</b>	<b>\$ 745,107,755</b>	<b>\$ 948,902,919</b>	<b>27%</b>

**Aggregate Costs by Service Categories**

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 241,913,396	\$ 259,907,229	7%
Outpatient (OP)	\$ 128,793,504	\$ 161,514,356	25%
Physician (PH)	\$ 112,809,531	\$ 143,252,693	27%
Emergency Department (ED)	\$ 39,144,899	\$ 61,101,622	56%
Pharmacy (RX)	\$ 88,553,102	\$ 144,567,491	63%
Other (OTH)	\$ 133,893,322	\$ 178,559,528	33%
<b>Total Population Costs</b>	<b>\$ 745,107,755</b>	<b>\$ 948,902,919</b>	<b>27%</b>

**Per Capita Cost (PMPM)**

	\$ 388.97	\$ 374.90	-4%
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**Total Member Months**

	1,915,582	2,531,109	32%
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**Service Categories % of Cost**

**3. Retail Pharmacy Usage (Definitions in Glossary)**

**Total Generic / Brand Rx**

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 64,656,299	\$ 112,972,784	75%
Generic	\$ 21,524,845	\$ 28,292,672	31%
Other Rx	\$ 2,371,959	\$ 3,302,035	39%
<b>Total</b>	<b>\$ 88,553,102</b>	<b>\$ 144,567,491</b>	<b>63%</b>

**% of Rx Spend**

**Current**

**Previous**

**% of Scripts**

**Current**

**Previous**

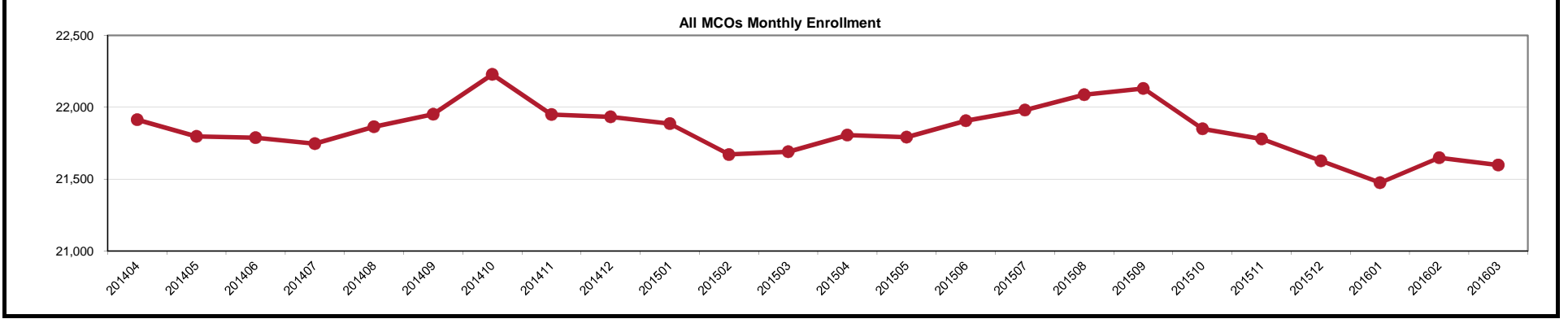
  

\* "Other Rx" represents supplies such as diabetic strips.

**4. Notes**

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

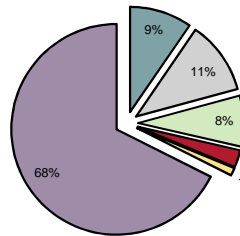
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 51,857,507	\$ 63,705,229	23%
Pharmacy	\$ 1,492,961	\$ 766,214	-49%
<b>Total</b>	<b>\$ 53,350,468</b>	<b>\$ 64,471,444</b>	<b>21%</b>

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 6,949,408	\$ 6,176,488	-11%
Outpatient (OP)	\$ 9,361,867	\$ 7,229,362	-23%
Physician (PH)	\$ 5,401,358	\$ 5,016,731	-7%
Emergency Department (ED)	\$ 1,971,215	\$ 1,710,173	-13%
Pharmacy (RX)	\$ 1,492,961	\$ 766,214	-49%
Other (OTH)	\$ 28,173,659	\$ 43,572,475	55%
<b>Total Population Costs</b>	<b>\$ 53,350,468</b>	<b>\$ 64,471,444</b>	<b>21%</b>

<b>Per Capita Cost (PMPM)</b>	<b>\$ 203.30</b>	<b>\$ 246.37</b>	<b>21%</b>
<b>Total Member Months</b>	<b>262,424</b>	<b>261,686</b>	<b>0%</b>

Service Categories % of Cost

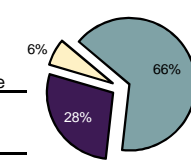


3. Retail Pharmacy Usage (Definitions in Glossary)

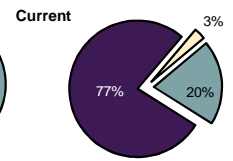
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 1,014,223	\$ 503,002	-50%
Generic	\$ 415,091	\$ 212,897	-49%
Other Rx	\$ 63,647	\$ 50,315	-21%
<b>Total</b>	<b>\$ 1,492,961</b>	<b>\$ 766,214</b>	<b>-49%</b>

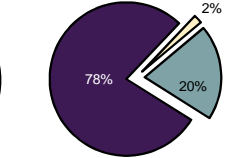
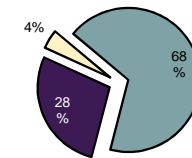
% of Rx Spend



% of Scripts



Previous



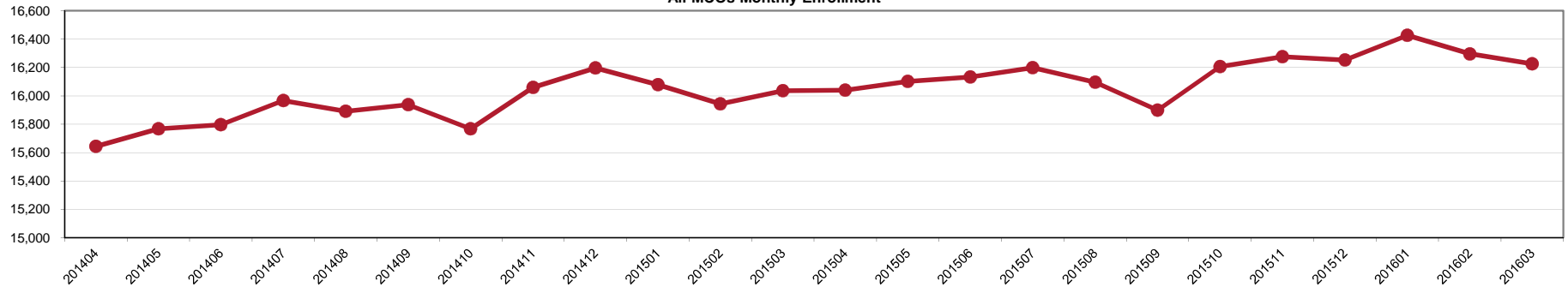
\* "Other Rx" represents supplies such as diabetic strips.

4. Notes

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.

1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



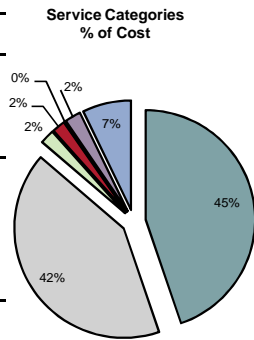
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 463,934,303	\$ 478,159,511	3%
Pharmacy	\$ 821,479	\$ 578,594	-30%
<b>Total</b>	<b>\$ 464,755,782</b>	<b>\$ 478,738,105</b>	<b>3%</b>

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 204,041,609	\$ 214,306,636	5%
Nursing Facility (NF)	\$ 199,768,159	\$ 198,651,976	-1%
Inpatient (IP)	\$ 11,083,531	\$ 10,195,126	-8%
Outpatient (OP)	\$ 10,173,339	\$ 9,203,004	-10%
Pharmacy (RX)	\$ 821,479	\$ 578,594	-30%
HCBS	\$ 8,831,405	\$ 11,363,868	29%
Other (OTH)	\$ 30,036,259	\$ 34,438,901	15%
<b>Total Population Costs</b>	<b>\$ 464,755,782</b>	<b>\$ 478,738,105</b>	<b>3%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 2,432.22</b>	<b>\$ 2,465.80</b>	<b>1%</b>
<b>Total Member Months</b>	<b>191,083</b>	<b>194,151</b>	<b>2%</b>

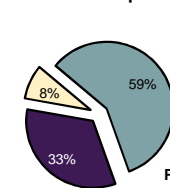


3. Retail Pharmacy Usage (Definitions in Glossary)

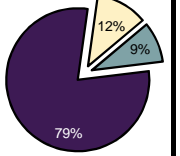
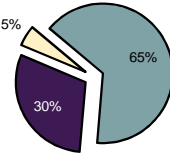
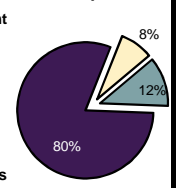
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 535,938	\$ 338,184	-37%
Generic	\$ 246,164	\$ 192,189	-22%
Other Rx	\$ 39,376	\$ 48,222	22%
<b>Total</b>	<b>\$ 821,479</b>	<b>\$ 578,594</b>	<b>-30%</b>

% of Rx Spend



% of Scripts

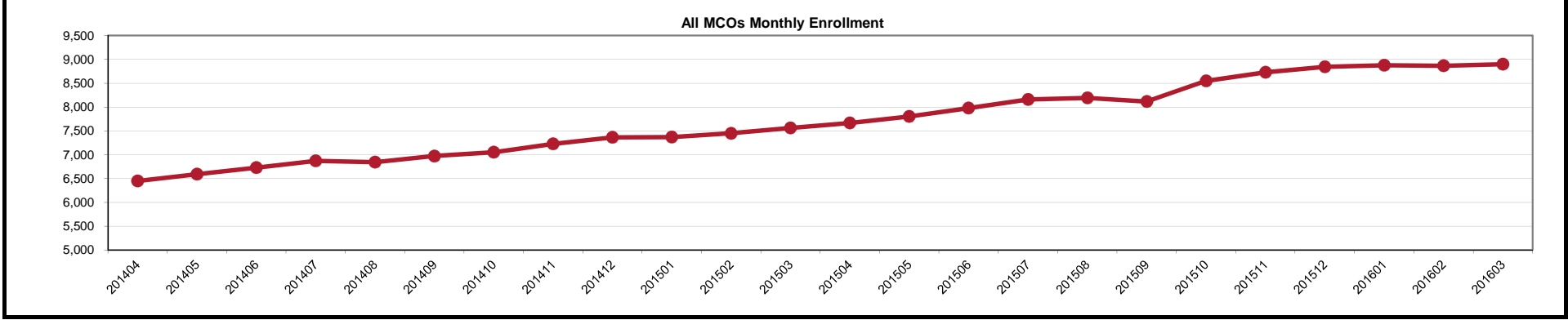


\* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.

**1. Total Population Monthly Enrollment**



**2. Total Population Medical/Pharmacy Dollars**

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 245,323,568	\$ 292,068,757	19%
Pharmacy	\$ 24,123,482	\$ 31,600,871	31%
<b>Total</b>	<b>\$ 269,447,050</b>	<b>\$ 323,669,628</b>	<b>20%</b>

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 100,269,924	\$ 114,335,245	14%
Nursing Facility (NF)	\$ 28,120,016	\$ 28,064,439	0%
Inpatient (IP)	\$ 46,903,634	\$ 58,254,076	24%
Outpatient (OP)	\$ 26,281,507	\$ 31,910,494	21%
Pharmacy (RX)	\$ 24,123,482	\$ 31,600,871	31%
HCBS	\$ 4,256,277	\$ 8,517,664	100%
Other (OTH)	\$ 39,492,210	\$ 50,986,839	29%
<b>Total Population Costs</b>	<b>\$ 269,447,050</b>	<b>\$ 323,669,628</b>	<b>20%</b>

	Previous (12 mon)	Current (12 mon)	% Change
<b>Per Capita Cost (PMPM)</b>	<b>\$ 3,190.08</b>	<b>\$ 3,215.38</b>	<b>1%</b>
<b>Total Member Months</b>	<b>84,464</b>	<b>100,663</b>	<b>19%</b>

Service Category	% of Cost
Personal Care (PCO)	35%
Nursing Facility (NF)	2%
Inpatient (IP)	10%
Outpatient (OP)	10%
Pharmacy (RX)	18%
HCBS	9%
Other (OTH)	16%

**3. Retail Pharmacy Usage (Definitions in Glossary)**

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 17,827,912	\$ 24,135,351	35%
Generic	\$ 5,584,087	\$ 6,611,593	18%
Other Rx	\$ 711,482	\$ 853,927	20%
<b>Total</b>	<b>\$ 24,123,482</b>	<b>\$ 31,600,871</b>	<b>31%</b>

Category	Current	Previous
Brand	76%	74%
Generic	21%	23%
Other Rx	3%	3%

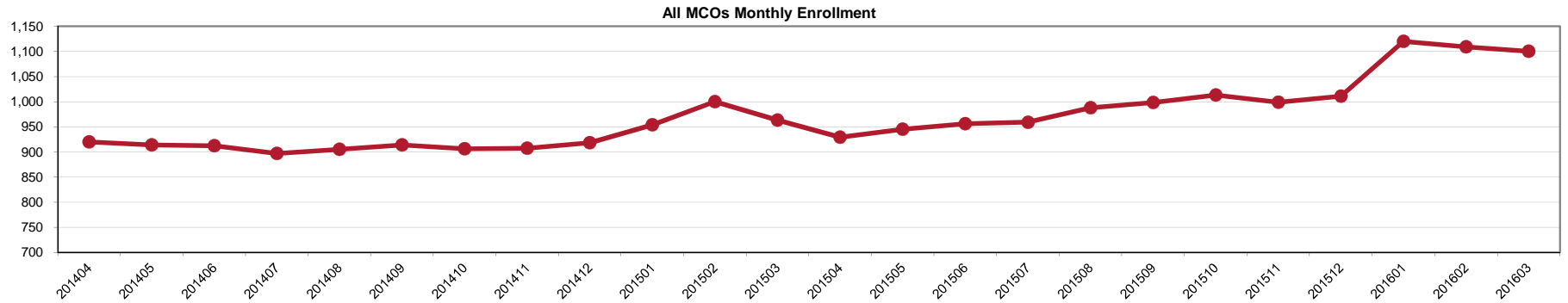
Category	Current	Previous
Brand	79%	79%
Generic	17%	17%
Other Rx	4%	4%

\* "Other Rx" represents supplies such as diabetic test strips.

**4. Notes**

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.

1. Total Population Monthly Enrollment



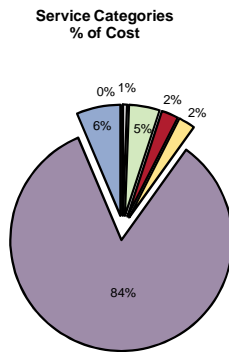
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 46,168,191	\$ 47,499,562	3%
Pharmacy	\$ 651,503	\$ 1,169,314	79%
<b>Total</b>	<b>\$ 46,819,693</b>	<b>\$ 48,668,876</b>	<b>4%</b>

Aggregate Costs by Service Categories

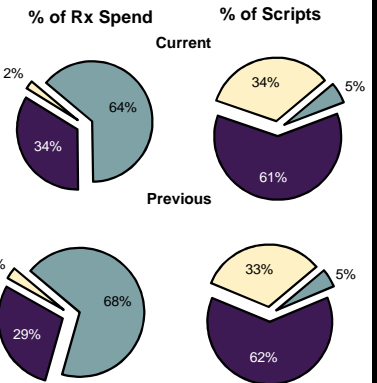
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 1,840	\$ 1,291	-30%
Nursing Facility (NF)	\$ 557,324	\$ 290,886	-48%
Inpatient (IP)	\$ 2,162,134	\$ 2,166,178	0%
Outpatient (OP)	\$ 982,928	\$ 1,190,762	21%
Pharmacy (RX)	\$ 651,503	\$ 1,169,314	79%
HCBS	\$ 39,288,772	\$ 40,753,529	4%
Other (OTH)	\$ 3,175,194	\$ 3,096,916	-2%
<b>Total Population Costs</b>	<b>\$ 46,819,693</b>	<b>\$ 48,668,876</b>	<b>4%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 4,214.19</b>	<b>\$ 4,013.27</b>	<b>-5%</b>
<b>Total Member Months</b>	<b>11,110</b>	<b>12,127</b>	<b>9%</b>



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 445,053	\$ 744,355	67%
Generic	\$ 187,510	\$ 398,470	113%
Other Rx	\$ 18,939	\$ 26,489	40%
<b>Total</b>	<b>\$ 651,503</b>	<b>\$ 1,169,314</b>	<b>79%</b>



\* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.

**State of New Mexico - All MCOs**

Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

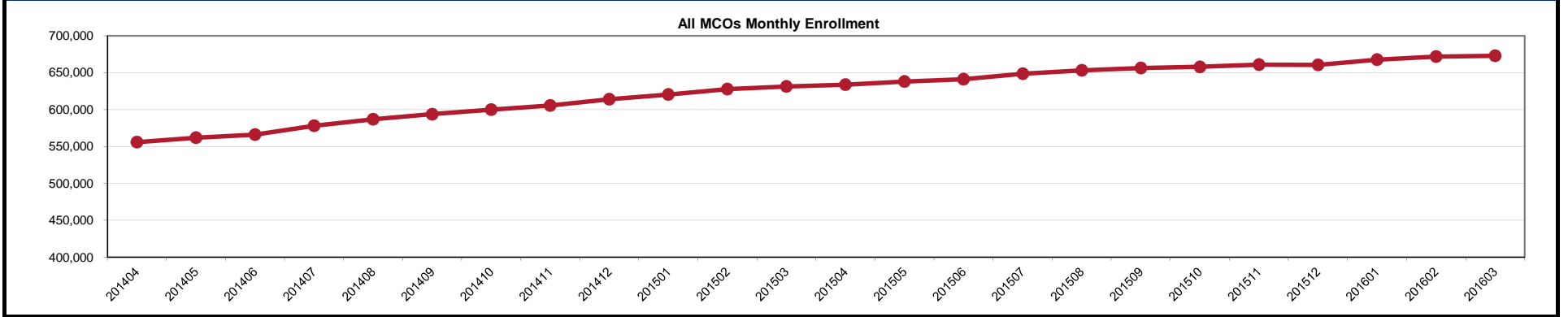
Behavioral Health Utilization and Cost Review

Reported Encounters for Enrolled Members as of: June 30, 2016

Previous Period: April 1, 2014 to March 31, 2015

Current Period: April 1, 2015 to March 31, 2016

**1. Total Population Monthly Enrollment**



**2. Total Population Medical/Pharmacy Dollars**

**Aggregate Annual Costs**

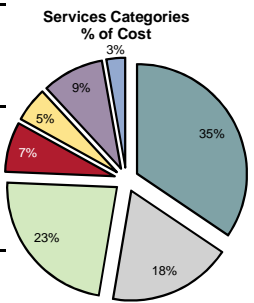
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 238,488,950	\$ 263,967,198	11%
Pharmacy	\$ 61,275,620	\$ 58,769,739	-4%
<b>Total</b>	<b>\$ 299,764,570</b>	<b>\$ 322,736,937</b>	<b>8%</b>

**Aggregate Costs by Service Categories**

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 88,517,021	\$ 111,171,991	26%
Pharmacy (RX)	\$ 61,275,620	\$ 58,769,739	-4%
Res. Treatment Ctr. (RTC)	\$ 71,141,360	\$ 74,301,288	4%
Behavioral Health Prov (BHP)	\$ 19,126,967	\$ 23,706,850	24%
Core Service Agencies (CSA)	\$ 18,364,431	\$ 16,456,465	-10%
Inpatient (IP)	\$ 25,496,806	\$ 29,317,014	15%
Other (OTH)	\$ 15,842,366	\$ 9,013,589	-43%
<b>Total Population Costs</b>	<b>\$ 299,764,570</b>	<b>\$ 322,736,937</b>	<b>8%</b>

**Per Capita Cost (PMPM)**      \$ 41.98      \$ 41.04      -2%

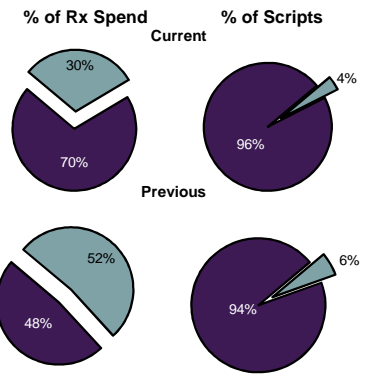
**Total Member Months**      7,141,476      7,863,012      10%



**3. Retail Pharmacy Usage (Definitions in Glossary)**

**Total Generic / Brand Rx**

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 31,915,867	\$ 17,823,445	-44%
Generic	\$ 29,359,753	\$ 40,946,294	39%
<b>Total</b>	<b>\$ 61,275,620</b>	<b>\$ 58,769,739</b>	<b>-4%</b>



**4. Notes**

1. Data reflects medical and pharmacy expenditures only. The data relies on financial statements submitted by the managed care organizations. The expenditures exclude Indian Health Services, Tribal 638 and non-state plan services. Values are based on information currently available and subject to change as new information becomes available.



# The MMIS Replacement Project (MMISR) – Presentation to the MAC

August 22 2016

Russ Toal, MPH

Medicaid Enterprise Business  
Manager

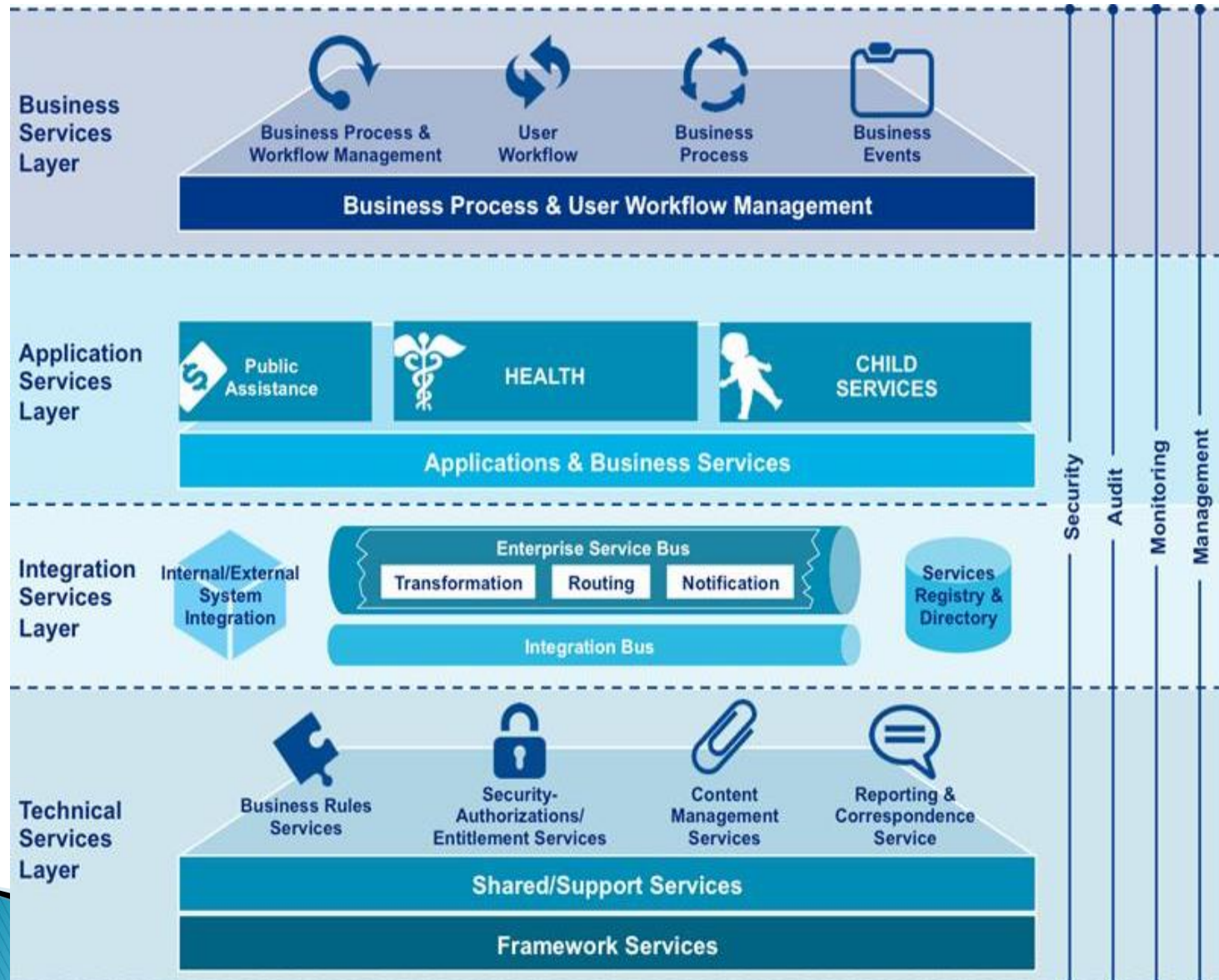
# Background

- ▶ New Mexico Medicaid has a 20 year old MMIS solution that cannot be continued, as it does not meet federal requirements. Continuing past contract end date means loss of fed funding.
- ▶ The Human Services Department has a 2020 vision of Enterprise-wide solutions
- ▶ Demands and expectations on serving Medicaid recipients are increasing and are complex
- ▶ Technological advances and a Service Oriented Architecture approach offer the state an opportunity to do things better, faster and more cheaply.

# MMISR: A Modular, Enterprise Approach

- ▶ Vision – Moving Away from the Past
  - No single vendor; not a hardware build approach; a Service Oriented Approach instead focusing on getting best in breed
  - Changing the approach on systems and requirements from a process-oriented, definitional approach to one in which we will ask prospective vendors to tell us how their solutions produce the outcomes we are seeking
  - Not a Medicaid-only solution; it will include multiple state agency partners, including all the HSD divisions, the DOH, CYFD, ALTSD, PED, Corrections and potentially others
  - Guided and driven by the new CMS perspective on MMIS, its role, and its perspective what hasn't worked

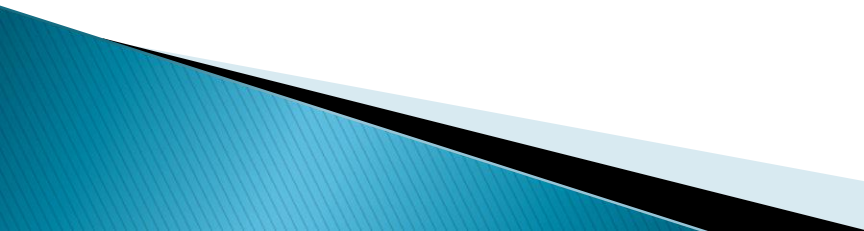
# Framework Schematic



# A Reminder of What Has Been Done

- ▶ Visioning – MAD, HSD and partners
- ▶ MITA Self Assessment: approved and endorsed by CMS
- ▶ Defining where we wanted to be (MITA level four (4)) for our project roadmap
- ▶ Approval by CMS of our Framework model, IAPDUs, MITA Self-Assessment, our IVV RFP and contract, and our first framework module Request For Proposals (RFP)
- ▶ CMS has approved a 90% federal match for all the costs associated with the MMISR Project

# Independent Verification and Validation

- ▶ A CMS Requirement on all System RFPs
  - ▶ Vendor Contract with CSG Approved by CMS
    - On board by 8/10/16
  - ▶ Proactive Approach
  - ▶ Dual Responsibility
  - ▶ Document Review Assistance
  - ▶ Process and Outcome Reviews and Validation
  - ▶ Identification of Risks/Issues
  - ▶ Assessment of Risk Mitigation
- 

# Our Approach

- **Build on the Visioning Process Work**
- **A phased-in approach to a Service Oriented Architecture with a focus on connectivity and interoperability**
- **Map for Shared Components designed to cross program boundaries**
- **Plan for multiple MMIS Procurements** grouping key components into logical subject area Modules with the RFPs strategically staged
- **Incorporating Stakeholder Input**

# The NM HHS Framework

## ▶ **Six Modules:**

- Integration Platform
  - Enterprise Data Services
  - Financial Services
  - Quality Assurance
  - Population Health Management
  - Unified Public Interface (may be split into two parts)
- 
- For each Module, multiple components, but one prime vendor.
  - No prime vendor can be selected for more than two modules. State no longer reliant on one contractor.

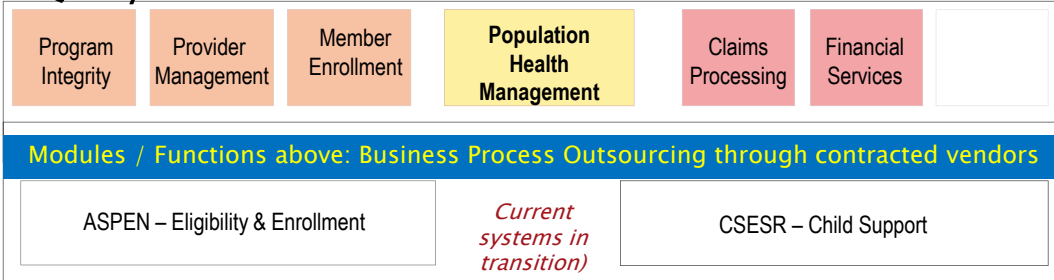


# NM MMISR HHS 2020 Enterprise Framework

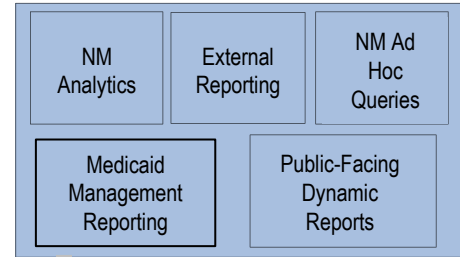
HHS 2020 / Enterprise Applications & Services

## Quality Assurance

## Financial Services

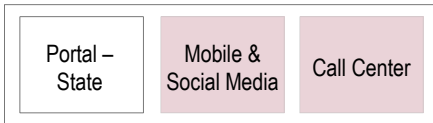


HHS 2020 / Enterprise Analytics



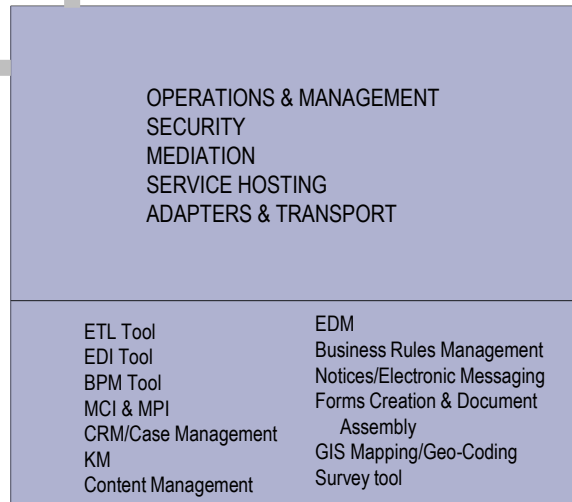
## Unified Public Interface

HHS 2020 / Citizen Interaction



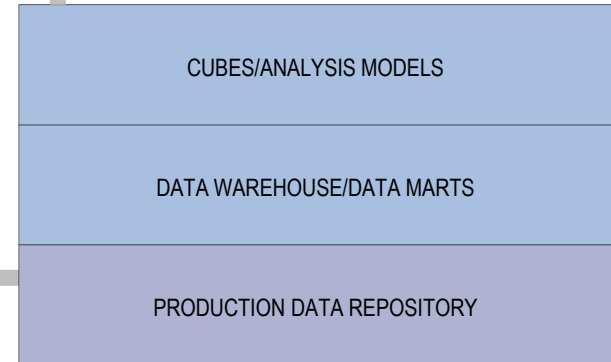
## Integration Platform

HHS 2020 / Service Access Layer

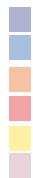


## Enterprise Data Services

HHS 2020 / Enterprise Data

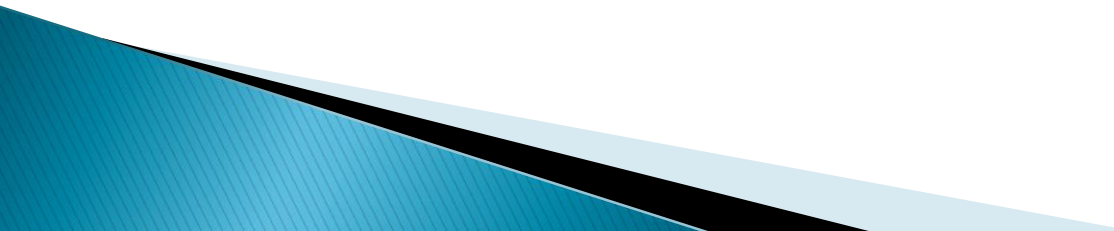


HHS 2020 / Enterprise Tech Services Components



# Integration Platform

RFP to be released this week (August 25):

- ▶ Infrastructure, Connection, Standards, Interoperability, Security
  - ▶ Enterprise Service Bus for info transmission
  - ▶ Data Warehouse and DataMart Structure
  - ▶ Project Integration Management for Other Modules
  - ▶ Responsible for conversion of data from OmniCaid.
- 

# Enterprise Data Services

RFP to be released this Fall, subject to CMS approval. Will include:

- ▶ Data Tools
- ▶ Data and Population Health Analytics (including GIS)
- ▶ Data Reporting and
- ▶ Business Intelligence Tools
- ▶ Not a passive reporting entity; focus on ease of access to information, and not limited to HSD.

We are seeking input on requirements from stakeholders, partners, providers, MCOs and clients



# Quality Assurance

Proposal to CMS before end of CY; RFP out Early in 2017.

- ▶ Program Integrity
  - Third-Party Liability (TPL)
  - RAC
  - Fraud and Abuse Detection Services
  - Audit Coordination
  - Quality Reporting and Compliance
- ▶ Provider enrollment and management – for ALL
- ▶ RTE contract for verification and monitoring


# Financial Services

## Proposal out Spring 2017

- ▶ Claims Processing – intake for ALL (one site)
- ▶ Accounting and SHARE interface
- ▶ Payments
  - Capitation, Claims and ATRs (DSH, UPL, SNCP)
- ▶ Financial Activities
  - Accounts Payables
  - Accounts Receivables
  - Financial Reporting
  - Budgets, Projections, Rate Setting

# Population Health Management

Proposal to be Released Summer 2017

- ▶ Pharmacy benefits management (including rebate services) and Drug Utilization; a Single PBM for ALL
  - ▶ MCO management, measurement and monitoring
  - ▶ Focused health analytics related to population health, outcomes and health improvement
  - ▶ The Electronic Health Records program
  - ▶ Case and care management and waiver program admin and coordination
  - ▶ Changes to the Fee-for-Service (FFS) program
- 

# Unified Public Interface

## Proposal date To Be Determined

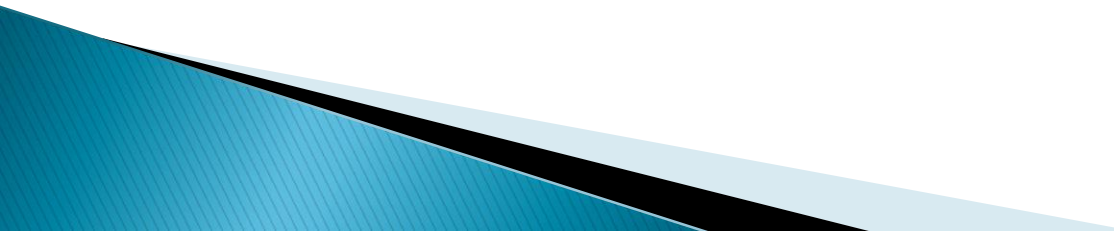
### ▶ Portal

- All Stakeholders
  - Web Portal for info across programs
  - Mobile Technology
  - Other User-friendly Technologies
- One Stop Shop – No Wrong Door

### ▶ Consolidated Customer Service Center

- Integrated Call Center Serving All HSD Programs

# What about ASPEN?

- ▶ It continues current role as Integrated Eligibility System, and...
  - ▶ Assumes responsibility for Centennial Care/MCO enrollment in the Fall of 2017
  - ▶ Is enhanced with new reporting capabilities
  - ▶ Interfaces to Integrated Platform Services vendor
  - ▶ Will eliminate the confusion that exists today between ASPEN and OmniCaid
  - ▶ View Access into ASPEN will be expanded and enhanced.
- 



# Next

- ▶ Stakeholder Input – Partners, Providers, Advocates: what is needed, what we want, what we don't, with a focus on Outcomes. Need input on this RFP and others.
- ▶ RFP previews and reviews by those who do and will not have a vendor interest in the proposals
- ▶ Work with the IVV Vendor and CMS
- ▶ Targeted Go-Live for full system: 12/1/18,
  - BUT – Not a date for all to go live; some modules and components may come on line before. In addition, the Xerox contract can run through all of CY 2019.

Plan is for at least a two month parallel run with Xerox; may be longer for certain modules

# An Opportunity for Us All

- ▶ For you and for us, this is one of those rare opportunities to help design what our future may look like.
- ▶ We are seeking input from all partners on what needs to be fixed, changed, improved, junked or embraced.
- ▶ As key stakeholders we want your suggestions on how to position ourselves to take advantage of changing technology and new tools of measurement.

# Questions?

