Enterprise Project Vision

The HHS IT Enterprise Project is a collaboration of the State of New Mexico Departments providing health and human services, incorporating the development of new systems for data management and transformation of service delivery through a person-centered, outcomes-focused approach. The HHS IT Enterprise Project is an initiative that contains multiple components designed to achieve the vision to "create a highly responsive and effective health and human services system to improve the health and well-being of all New Mexicans."

The collaborating State Department / Division are Human Services Department (HSD), Department of Health (DOH) , Children, Youth and Families Department (CYFD), Aging and Long-Term Services Department (ALTSD), and Early Childhood Education and Care Department (ECECD), supported by Department of Information Technology (DoIT). The Cabinet Secretaries from each of these agencies, alongside representation from the Governor's Office, make up an engaged and active Executive Steering Committee (ESC) providing the highest level of governance for the HHS IT Enterprise Project.
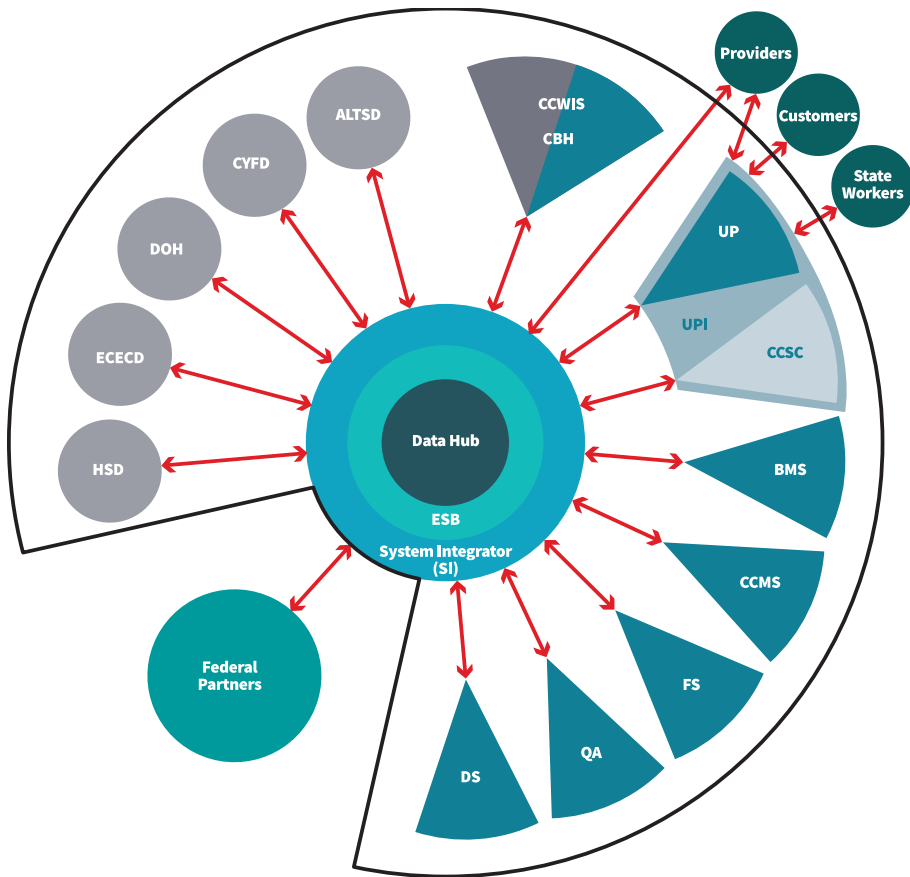
As shown in Figure 2, the collaboration behind the HHS IT Enterprise Project will remove current barriers that prevent the sharing of information across public-facing departments (the "enterprise") and improve the quality of service for those receiving public assistance, health care providers, child care providers, and Health & Human Services (HHS) workers:

- **Increased ease of access and engagement for Customers** by providing a "one-stop shop" — whether online, on the phone, or in an office. The public will have a single point of contact to access resources and services for any Health and Human Services Department or program.
- **Improved efficiency for providers** through more streamlined approval, contract, and payment processes.
- **Removal of silos around information** about customers with a "unified portal," providing workers across Health and Human Services departments with a single resource to serve customers.
- **Improved population health and self-sufficiency** for New Mexicans by moving from a system centered around discrete transactions to one addressing the whole needs of the customer.

Figure 1 - HHS IT Enterprise Project Vision

Figure 2 - Data Access and Flow (Interfaces)

To further illustrate the project's vision of creating an effective and efficient delivery of service center for receiving public assistance, their health care providers, and HHS worker, Figure 3 details at a high level, the access to, and flow of, data to meet the project stakeholders' wide-ranging needs. The SI provides a data hub and, through the shared services, connects all the agencies and modules to provide a seamless experience to stakeholders though the UPI made up of the CCSC and UP modules.

Project Approach

At the foundation of the HHS IT Enterprise Project is the original MMISR project, which, at the urging of CMS, adopted an enterprise vision for transforming the way Medicaid and Medicaid-related services and programs are delivered to New Mexico citizens. Building on this vision, the HHS IT Enterprise Project is not limited to technology; it encompasses a re-evaluation of business processes and organizational structures used to manage and deliver program services, working across organizational boundaries to manage and deliver all HHS services in the state, and a transition from current operating models to an outcomes-based focus. This expansion across all NM HHS agencies brings in the two (2) additional Federal Partners – ACF, including OCSE, and FNS – along with CMS to oversee the review and approval of this IAPDU.

The NM vision for the future is that the HHS IT Enterprise Project will enable us to foster interoperability and data sharing and improve customer health outcomes. To achieve this, the HHS IT Enterprise Project must have the capability to support informed and timely decision-making both at the policy administration level and at the point of care or service, while promoting service coordination, transparency, and accountability.

The State's HHS IT Enterprise Project is built on a framework, that is described in each subsection below:

Modular

The HHS IT Enterprise Project framework uses a modular approach that is design-independent with modules that are capable of being changed without excessive impact. The modular approach is intended to create a framework aligned with the Medicaid Information Technology Architecture (MITA) Version 3.0, supporting New Mexico's goal of operating Medicaid functions at a MITA Maturity Level 4 in all business and technical areas, as outlined in the 2015 MITA State Self-Assessment (SSA). This utilization of a modular approach also conforms to the CCWIS requirements in 45 CFR 1355.53(a) which directs the use of a modular design in solutions for automated functions. Section 2.0 offers more detailed description on the Modules and their systems and services.

Compliant with Federal Standards

The HHS IT Enterprise Project will comply with the CMS Seven Conditions and Standards (SCS); promote the use of industry standards for information exchange and interoperability and provide a seamless business services environment for users. The HHS IT Enterprise Project will comply with CMS MITA 3.0 requirements as well as with all other applicable Federal requirements and standards. In using these standards, the solution will meet CCWIS requirements defined in 45 CFR 1355.52(f) specific to standard requirements for bi-directional data exchanges.

Eligible for Enhanced Federal Financial Participation

The HHS IT Enterprise Project modules are designed and implemented to qualify for and secure enhanced federal financial participation for Design, Development, and Implementation (DDI), and operation of the modules. All Contractors must support the state in maintaining eligibility for FFP for the

DDI and enhancement of mechanized claims and encounter processing and information retrieval, as specified under 42 CFR 433.112, as specified by Federal regulation to achieve CMS certification.

Tools Driven

The HHS IT Enterprise Project is designed to provide information management and business intelligence tools to assist the state in effectively managing Medicaid and related health and human service programs. CCWIS requirements defined at 45 CFR 1355.52(a) similarly require use for efficient, economical, and effective administration of title IV-E plans. Furthermore, the use of these tools in information management will address requirements identified in 45 CFR 1355.52(d) related to data quality practices.

Adaptable

The HHS IT Enterprise Project is intended to encompass technology-enabled elements and services as well as Business Process Outsourcing (BPO) modules. The State's goal in adopting this approach is to provide an extensible, flexible, and soundly designed framework that can adapt over time to changing programmatic needs, solution approaches and technologies. The HHS IT Enterprise Project is standards-based to facilitate interoperability and maintainability. The State seeks to implement a flexible, rules-based, modular, configurable solution to enhance decision-making and increase management efficiencies. The State seeks to use Service Oriented Architecture (SOA) principles to deliver interoperability to support modernization and enable continual enterprise evolution to meet evolving business needs. In addition, the HHS IT Enterprise Project will support the expansion of technological capabilities to other State Departments / Divisions and incorporate the capability to take timely advantage of changing technology.

Sustainable

Working hand-in-hand with the adaptability objective, the HHS IT Enterprise Project will employ technology-based modules that will be modifiable by user configuration, rather than through constant custom coding. The HHS IT Enterprise Project modules will offer adaptable services that take advantage of evolving technology and/or expanded capacity and allow Commercial off the Shelf (COTS) products to be installed, integrated, and upgraded through scheduled releases when such installations are appropriate and to the State's and Federal Partners' advantage.

Similar requirements exist in 45 CFR 1355.53 which directs that CCWIS modules include separation of business rules from core programming to limit customization and support configuration.

Analytics Friendly

The HHS IT Enterprise Project will include an Enterprise DS component encompassing business intelligence, analytics and use of an MDM tool provided by the SI. The goal of this component is for the state to have ready and flexible access to accurate, timely information needed to support reporting, to support insightful management of Medicaid and other HHS programs, to evaluate performance, to enable cost savings, to inform policy and process decisions and to enable population health management and an outcomes focused approach to benefit delivery and management. Business intelligence and analytics use of the MDM supports the holistic customer view to offer participating agencies a "360° view" of program customers and providers.

Service Focused

In identifying modules to be included in the HHS IT Enterprise Project, a customer service approach is used with a focus on improving the outcomes for the NM populations being served. This is shown with the first module implemented being the CCSC immediately enhancing the NM experience for customer and providers with an integrated solution. This customer focus will continue with UP and again will leverage the agile approach of continuing improvements after a functioning base product is implemented. All the remaining modules will mirror this approach for releasing functionality and as it makes sense to enhance the customer experience.
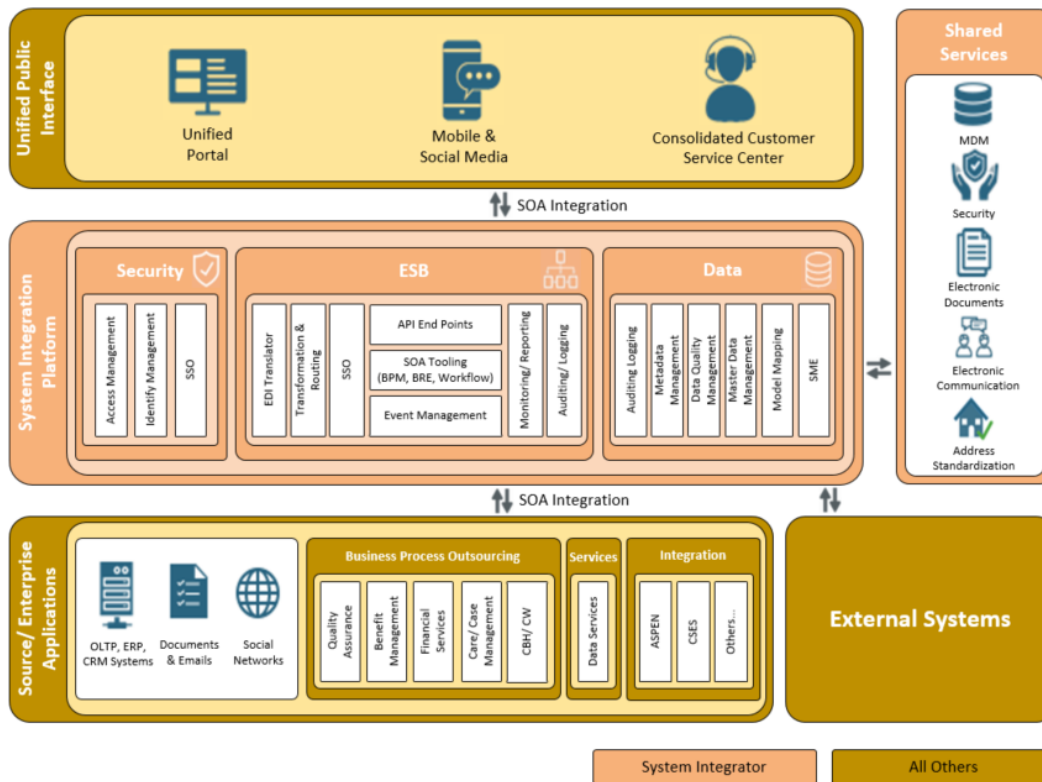
Enterprise Solution

In alignment with CMS's support and encouragement, the state is not seeking Medicaid-only solutions. The HHS IT Enterprise Project will provide a framework to support the broader NM HHS Enterprise and will serve as an information gateway for all NM HHS Stakeholders. The solution will support effective automation and paperless transactions across traditional program lines, facilitate data access and exchange in real-time while ensuring compliance with privacy and security requirements and enable effective and timely transfer of information to program users. In addition, the solution is envisioned to include a consolidated, easy-to-use, and appealing user interface (e.g., portal, social media, call center) to provide an enhanced customer service experience for customers and providers.

Mandatory data exchanges defined in 45 CFR 1355.52(E)(2) (i-vi) support the inclusion of CCWIS in an enterprise solution as they will benefit the IV-E agencies as well as state and tribal data exchange partners in serving customers and improving outcomes.

In summary, all eight (8) framework elements listed above undergird the HHS IT Enterprise Project vision and are the touchpoints the project uses to confirm solutions, processes and operating models which will support the outcomes and program services needed by New Mexicans.

The HHS IT Enterprise Project's system footprint diagram included below in the figure has been developed to depict the technical view of the Enterprise solution.

Figure 3 - HHS IT System Footprint

In Figure 4 above, the top layer is the UPI (shown in the tan color rectangle) and represents all customer-facing business functions and communication channels – the Unified Portal, mobile and social media applications, and the consolidated customer service center. This UPI interface layer is integrated via service-oriented architecture to the System Integration Platform.

The middle layer is the System Integration Platform (shown in a peach color rectangle) which encompasses all security, enterprise service bus (ESB) and data functions necessary for the integration platform. The security implementation includes identity and access management (IdAM) and federated single sign-on features. The ESB is the middleware tool used to distribute work among connected components of applications and provides a uniform means of moving work, offering applications the ability to connect to the bus and subscribe to messages based on simple structural and business policy rules which supports all modular interactions. Last is the data platform, upon which all integrated data is made visible and securely supplied to all interested Integration Divisions.

The System Integration vendor is also responsible for implementing the Enterprise shared services which are represented in the peach color vertical rectangle on the right-hand side. The enterprise shared services are built on a common infrastructure leveraging enterprise assets to offer common business functions like electronic document management, electronic customer communications, and the business utility functions such as Address Standardization, Validation and Verification (ASVV) and access to the Master Data Management (MDM) indexes, which consist of a mastered view of enterprise data. These SI Platform components interact with end users via the collective user interfaces in a device-neutral way by facilitating an SOA integration with ESB and other modules/systems.
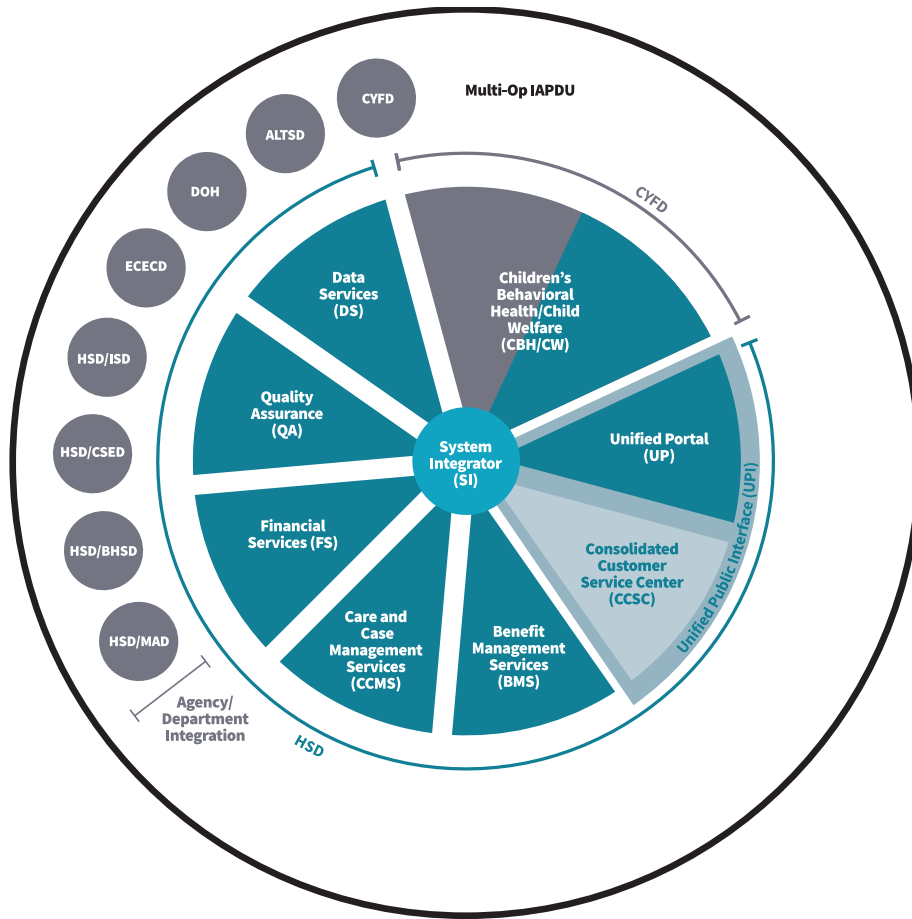
The bottom layer includes the Business Processing Outsourcing (BPO) systems and services offered by the Modules and the integration points with other Departments / Divisions systems as well as external systems. The ASPEN and CSES systems as well as the BPO modules like Quality Assurance, Financial Services, and others will be attached to the ESB through SOA integration and can talk to each other. DS will provide BI, Analytics and Reporting services for the enterprise, integrated though the SI platform. The external systems, which may include other State Departments / Divisions, federal agency systems as well as third party vendor systems are represented in the tan square labeled "External Systems" and will connect to the SI Platform through different synchronous or asynchronous communication mechanisms and can transact to offer and consume services, as needed.

Enterprise Project Scope

The HHS IT Enterprise Project's modular scope and integration activities for which this IAPDU is requesting funding from our Federal Partners is represented by the Figure below. In looking at the Figure below, the Medicaid shared modules are shown in teal and the Child Welfare modules are shown in gray. The CCSC module is a paler shade of teal to indicate this is the first module of the HHS IT Enterprise Project to be in production vs. implementation/DDI. At the time of submission of this IAPDU, NM is working with CMS to complete the final CMS Medicaid Enterprise Certification Toolkit (MECT) R3 certification activities for the CCSC module. CCSC will be the only module certified under the MECT approach. The remaining modules will leverage the Outcomes Based Certification (OBC) methodology and NM has included proposed outcome statements and metrics for each module in this response.

Around the Modules listed in the center of the Figure below, are circles representing the NM State Integration Divisions who will leverage some of the Modules and integrate through the SI platform.

Figure 4 - HHS IT Enterprise Project Scope

Modules

System Integrator

System Integrator Description

The SI integrates the discrete modules and enables them to function as a single cohesive system, through the elicitation of requirements, incorporating those requirements into a system design and implementing the orchestration of business functions within that system design.

The HHS IT Enterprise Project comprises multiple technology-based components and BPO modules and is enabled for SOA.

With work on modules underway, the SI plays a central unifying role providing the core infrastructure for the message based and batch data transactions passing between modules, to achieve the enterprise goal of transformation of core business processes to build use cases and develop new end-to-end workflows.

With an emphasis on flexibility, continuous design, continuous integration, and multiple production implementations, the SI ensures:

- New business processes are developed with the input of stakeholders to transform the delivery of services

- Interoperability of modules across the Enterprise framework, removing silos around information sharing and enabling outcomes focused, people-centered services

To achieve this, the SI brings the following shared services to the enterprise:

Figure 5 – SI Shared Services and Integration

- MDM serves as Master Client Index (MCI), providing a single, accurate, current record for an individual customer to organization across all public-facing departments. MDM also serves as Master Provider Index (MPI), providing a single, accurate, current record for individual and group providers to organization across all public-facing departments.

- IdAM enables Single Sign On (SSO), which controls access to enterprise-wide solutions and services.

- ASVV standardizes addresses for compliance with USPS standards, validates the address is correct and verifies the customer receives mail at that address.

- Electronic Document Management (EDM) receives and stores documents in a variety of file types and serves as a searchable, secure, central repository.

- Customer Communication Management (CCM) personalizes and automates customer communication, providing a platform for many types of correspondences and conversations among customers, providers, payers, partners, suppliers, and internal stakeholders in a variety of digital and print formats.

Data Services

Data Services Description
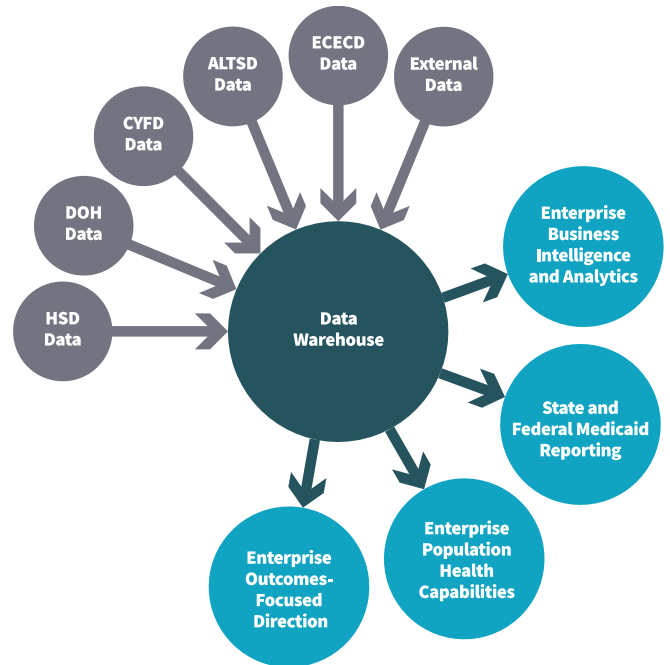
Data Services (DS)

The DS module is a reporting platform that will give HHS departments access to a single, authoritative resource about customers in public assistance programs and the ability to assess, evaluate and share data with reporting capabilities utilizing business intelligence and analytics to support more data-driven decision-making.

As shown in the Figure below, DS is aggregating data from multiple sources and removing silos around information to improve strategy and planning capabilities. HHS departments will have access to new and powerful analysis and planning tools to support decision-making at the policy and operational levels:

- A central data warehouse contains records for customers and providers, ensuring that data is accurate, secure, and available across HHS program areas.

- Business intelligence and analytics provide a smart web-based data discovery service, guiding data exploration, automating predictive analytics, and enabling dashboards and infographic creation.

- State and Federal Medicaid reporting modernizes program reports submitted to state leadership and Federal agencies, ensures regulatory compliance, and provides a range of tools for internal reporting.

- Outcomes-focused direction offers support for reporting health care quality and outcomes measures and provides management tools for program planning.

- Population health capabilities provide a broad range of enterprise business intelligence and cross program analytics across HHS programs, giving information about an individual customer and the all the programs and services they access.

Figure 6 - Data Services Functions
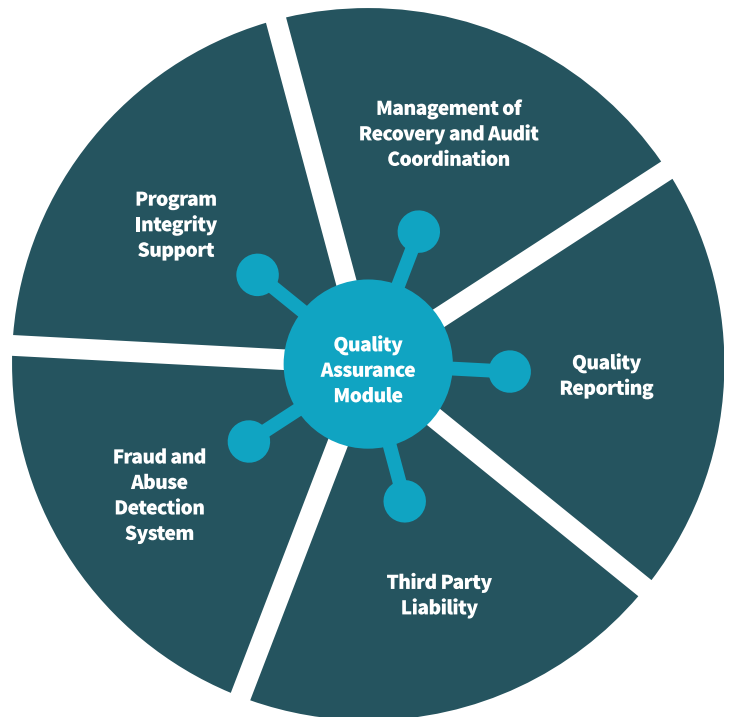
Quality Assurance

Quality Assurance Description

The Quality Assurance (QA) module comprises business services that provide program integrity and quality reporting to improve efficiency, accountability and insight into the management and delivery of care. As part of the HHS IT Enterprise Project, new services and integrated timely sharing of data will allow QA to improve functions to ensure compliance with CMS standards, detect fraud, and monitor and report on providers and customers. As shown in the Figure below, the QA services support:
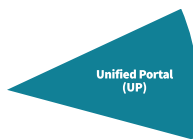
- Increased efficiency in monetary recoveries, follow up, reconciling payments and production of the data necessary to report on recovery and cost avoidance activities.

- Improved and earlier detection of fraud and abuse, ensuring proper utilization of resources and building trust in the system.

- Faster, more effective recovery where a third party is liable for payment.

- Assessments at the point of Medicaid enrollment for cost avoidance identification.

- Monitoring of Managed Care Organization (MCO) performance, offering HSD end-to-end visibility into their processes.

- Reporting and tracking of customer health outcomes, providing better information about individuals well-being.

Figure 7 - QA Functions

Unified Portal
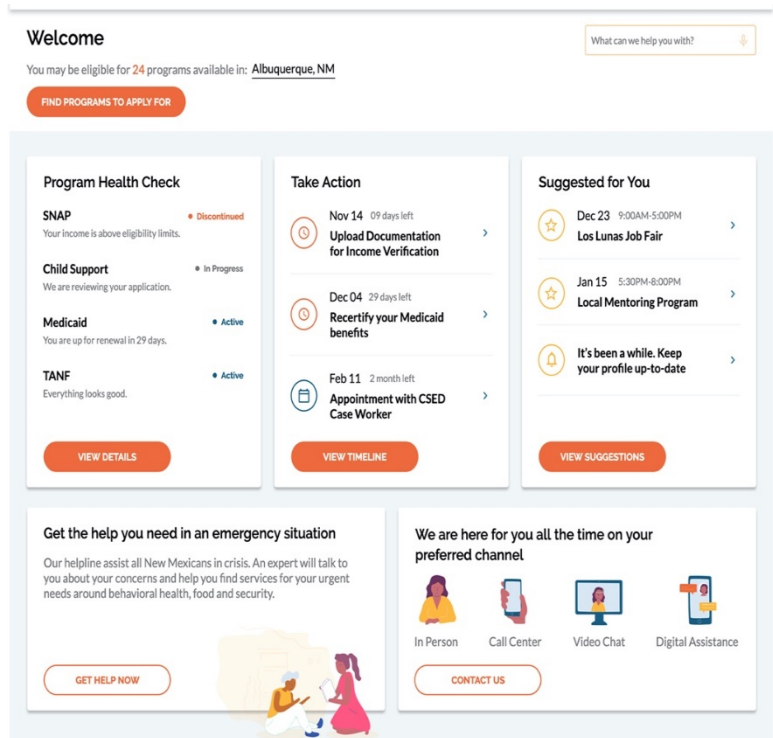
Unified Portal Description

The UP is a public facing web interface to transform delivery of HHS services by offering a unified, person-centered resource that increases ease of access and engagement. The UP will utilize the SI module's ESB to access a single, trusted, centralized profile of a customer or provider. Records centered around individuals instead of departments and programs will reduce redundant interactions and improve speed, accuracy, and quality of service. By combining the features of UP with the CCSC, NM creates a Unified Public Interface (UPI) enhancing the "no wrong door" access to services, communication and sharing on accurate information. The capabilities of the UP will include:

- Single sign-on (SSO) for customer enrollment in and access to all available support services from across the NM HHS enterprise including Medicaid, Child Support, TANF, SNAP, LIHEAP, and Behavioral Health Services. Customers will be able to support sharing accurate information to the Integration Divisions across programs

- SSO for providers to enroll and update their information, and ensure accurate information is available to the Integration Divisions across programs

- A centralized, actionable resource for customers to track their active and past cases across programs and take necessary actions.

- Proactive notifications and check-ins about customer's status, upcoming events and required actions through their preferred channel of communication.

- Mobile access through a digital wallet for services such as SNAP and Medicaid.

- Collaboration via chatbot or human support to coach and help guide customers towards milestones.

- Flexible on-call assistance system across multiple channels with 24/7 availability.

- An Internal Portal with web-based software replacing a multitude of siloed applications, files, and databases to provide State workers a single resource to access data and services across programs and departments.

Figure 8 - UP Functions

Consolidated Customer Service Center

Consolidated Customer Service Center Description

The CCSC module is an integrated contact center serving as a single point of entry for customers and providers seeking information or assistance across HHS program areas.

CCSC utilizes phone, Interactive Voice Response (IVR), chat, email, and text, enabling customers to interact through their preferred communication channel. Automation is available to answer simple questions and manage basic tasks, freeing HHS workers to concentrate on more complex interactions and connect customers with solutions. Improved data sharing eliminates the need for customers to repeatedly provide information and facilitate a more productive, efficient process.

The CCSC serves as a single resource for a range of departments and agencies, improving effectiveness and customer experience:

Figure 9 - CCSC Functionality

- Inquiries can be handled in one place, no matter the division or program, rather than requiring multiple inquiries.

- Access to a central source of information organized around individual records, eliminating duplication of data and efforts.

- Cost savings through shared resources and more efficient workflow with better access to timely, accurate information.

- Improved reporting and tracking available to HHS workers and managers, allowing for a more holistic, person centric view to measuring outcomes.
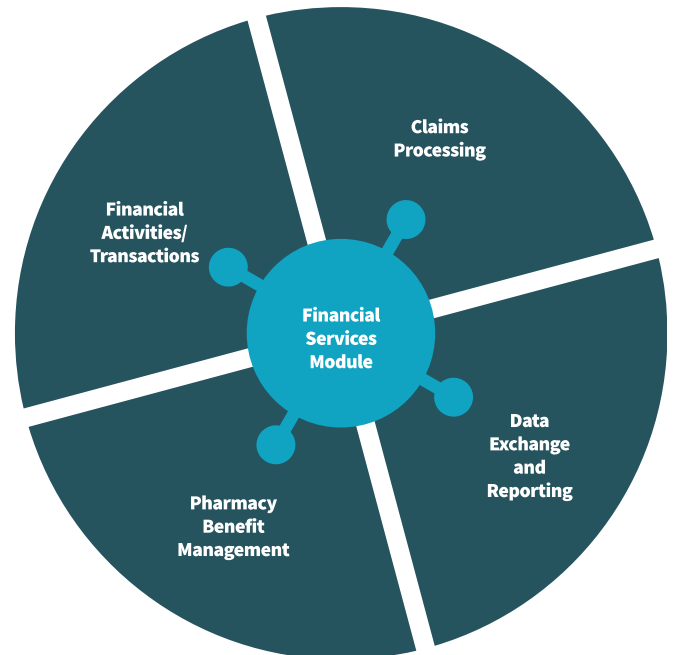
Financial Services

Financial Services Description

Financial Services (FS)

The FS module consolidates the management and oversight of all claims processing for Medicaid and other HHS agencies under a single service provider. FS will utilize the information sharing implemented by HHS IT Enterprise Project to improve efficiency and accuracy of accounting, payment, billing, and financial management to provide:

- Payment of claims to providers in a timely manner, with improved identification and resolution of issues.

- The ability for providers to research claims status through the web based UP module.

- Faster reporting for a broader range of variables, including those required for CMS.

- Payment of invoices, including managing accounts payable, receivables and budgeting.

- End-to-end visibility of the entire claims process, allowing monitoring of transactions involving all stakeholders.

- Self-Directed Home and Community Based Services (SDHCBS) that are flexible, configurable, and meet federal requirements for self-directed waiver programs.

- Administration of all aspects of pharmacy benefit management, including authorizations, and claims processing.

- The ability to perform all aspects of drug rebate including invoicing, payment tracking, reconciliation, and dispute resolution.

Figure 10 - FS Functions

Benefit Management Services

Benefit Management Services Description

BMS encompasses a range of processes and programs in the areas of Provider Management, Member Management, Utilization Management (UM)/Utilization Review (UR), Benefit Management, and Benefit Plan Management that form the infrastructure for coordinating and managing information about appropriate care and services. BMS will utilize the new technology and information sharing of the HHS IT Enterprise Project, but its scope will not be limited to clients receiving Medicaid. The module is moving forward with the provider management components first:

- Enrollment for all providers across departments, streamlining the provider approval process.

Care and Case Management Services

Care and Case Management Services Description

The CCMS provides tools and systems for managing the care of customers across the HHS enterprise, more effectively matching customers to appropriate resources, coordinating benefits, and monitoring results for better health outcomes.

CCMS will serve programs across many State Departments / Divisions and will integrate the Central Registry between DOH, ALTSD and HSD reducing duplication of effort and wait times for customers.

CCMS functionality will include automatic and manual case creation, tracking, routing, alerts, escalation, centralized case documents, and automatic correspondence generation. As shown in the Figure below, CCMS will encompass:

- Waiver Case creation for consolidated care planning and care receipt tracking to confirm services are being authorized and utilized to import customer outcomes
- Central Registry Case efficiency and automation so that customers receive timely and accurate information
- Contract Management to assure contracts are being fulfilled to meet State and customer needs

- Appeal Cases centralized consolidation of data to address appeals and perform continuous process improvement with the goal of reducing appeals
- Fair Hearing Cases centralized consolidation of data across agencies with automated processes to comply with fair hearing requirements
- Program Assessments in a coordinated fashion to confirm the right services at the right time are being authorized and utilized to import customer outcomes
- Critical Incident Reporting in a central location with automated follow up to expedite corrective action and prevent future critical incidents
- Referral cases to assist customers in obtaining services needed

Figure 11 - CCMS Functions