The MMIS Replacement Project (MMISR) Update

August 2018

What is the Plan

- A Modular, Enterprise-Wide Approach

  - Moving from a program-centric approach to a person-centric approach
  - Changing the approach on requirements from a Medicaid only, 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
  - We are seeking an Enterprise solution for multiple State agency partners, including all the HSD divisions, the DOH, CYFD, ALTSD and others after initial rollout to support a no wrong door approach
  - Our Project Plan is guided and driven by the new CMS perspective on MMIS, its role, and avoiding what has not worked in the past

The MMISR Framework

- Six Modules:
  - System Integrator (SI)
  - Data Services (DS)
  - Quality Assurance (QA)
  - Benefit Management Services (BMS)
  - Financial Services (FS)
  - Unified Public Interface (UPI)
    - Unified Portal
    - Consolidated Customer Service Center

  - Outcomes Based Management (OBM)

  - For each Module, multiple components, but one prime vendor.
  - A vendor cannot be selected for more than two modules. The SI vendor cannot win any others.
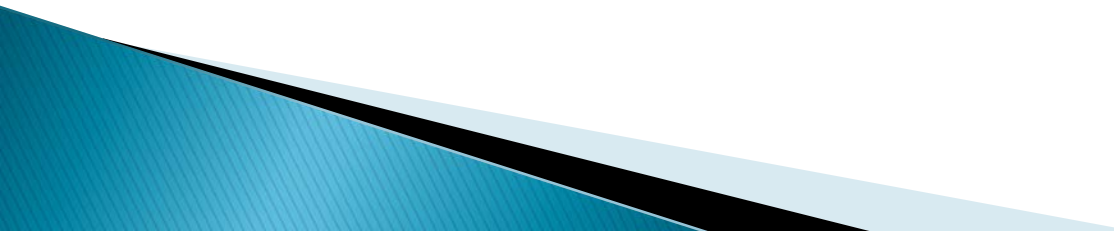
What Has Been Done

- Visioning –HSD and Partners
- Medicaid Information Technology Architecture Self-Assessment (MITA)– Defining where we want to be: MITA Maturity Level 4
- Approval by CMS– Framework model, funding, MITA Self-Assessment, IV&V RFP and contract, SI RFP and Contract, DS RFP and contract, QA RFP, BMS RFP, CCSC RFP
- Approval by Department of Information Technology (DoIT)
- Legislative approval of State funds for MMISR

Where Are We Now

- IV&V- CSG was contracted in August 2016
- System Integrator-
  - RFP was released on February 2017
  - Proposals were due on April 2017
  - Turning Point Global Solutions contracted in March 2018
- Data Services-
  - RFP was released on April 2017
  - Proposals were due on June 2017
  - Pending contract approval
- Quality Assurance-
  - RFP released March 2018
  - Proposals were due on May 2018
  - In procurement process
- Benefit Management Services-
  - CMS approved RFP in May 2018
  - Working with other agencies to finalize for release
- Financial Services
  - Gathering information
- Outcomes Based Management
- UPI-
  - Unified Portal- user experience in design
  - Unified Portal- prototype completed
  - CCSC- CMS approved RFP in July 2018

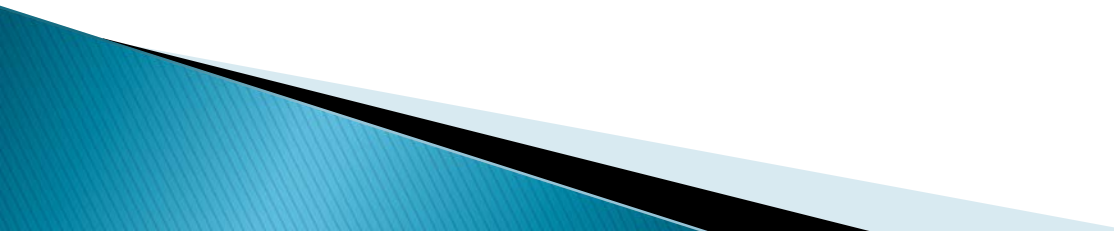Note: All RFPS and all resulting contracts are subject to CMS approval.

Independent Verification and Validation (IV&V)

- Proactive Approach
- Dual Responsibility between State and IV&V
- Document Review
- Process and Outcome Reviews and Validation
- Identification of Risks/Issues
- Assessment of Risk Mitigation
- Assessment and Assistance on Certification

RFP Timeline

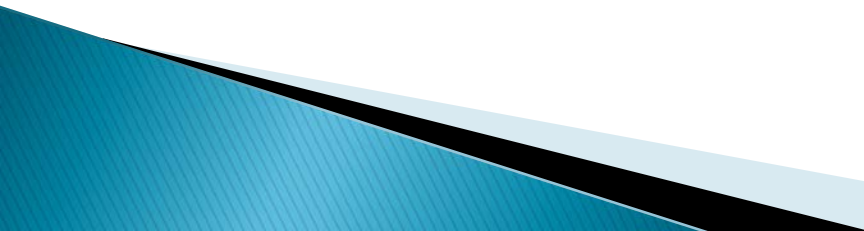| Module	RFP Released	Proposals Due
Systems Integrator	2/20/2017	4/19/2017
Data Services	4/17/2017	6/21/2017
Quality Assurance	3/16/2018	5/16/2018
Benefit Management Services	9/2018	11/2018
Financial Services	11/2018	1/2018
Unified Public Interface	TBD	TBD

RFP Development Approach

- For each RFP, staff has meetings with and distributes a questionnaire to all Bureaus, Divisions, Partners and Stakeholders to solicit input on needs, wishes and requirements for the various components of the module

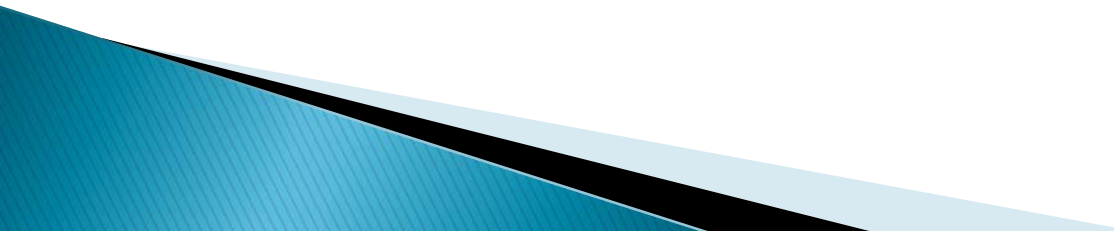- Gather information from other States, CMS, other Federal agencies, existing contracts and vendors

System Integrator

The SI Module will provide:

- Infrastructure for Connectivity, Interoperability, Standards and Security
- Enterprise Service Bus, Master Indices, Identity Management, and Legacy Data Conversion
- Project Integration Management for all other modules
- Data definition and Interface standards

Data Services

The Data Services Module will provide:

▶ Data Tools and Training
▶ Data Analytics (including GIS)
▶ Reporting (including all Federal Reporting)
▶ Business Intelligence and Survey Tools
▶ Enterprise Data Warehouse

Quality Assurance

The RFP will contain multiple components, including the following:

- Program Integrity
- Third-Party Liability (TPL) Detection, Avoidance and Recovery
- Fraud and Abuse Detection and Reporting Services
- Audit and Hearing Coordination
- Quality Reporting
- Recovery Audit Contracting (RAC)

Benefit Management Services

The RFP will contain multiple components, including the following:

- Member Management
- Case/Care Management Tool
- Utilization Management/Utilization Review
- Provider Management
- Electronic Health Records Program Coordination
- Pharmacy Benefit Management
- Benefit Plan Management
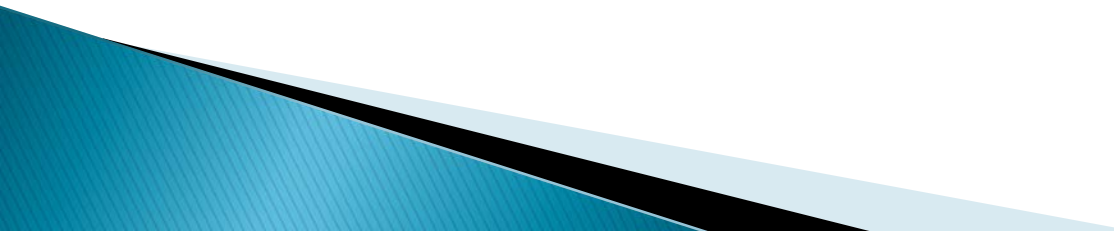- Assistance with MCO Management

Financial Services

The RFP will contain multiple components, including the following:

- Claims Processing – One intake point for all
- Accounting and SHARE Interface
- Payments
  - Capitation, Claims and Accounting Transaction Request
- Financial Activities
  - Accounts Payables
  - Accounts Receivables
  - Financial Reporting
  - Budget, Projections and Rate Management

Unified Public Interface

- Unified Portal
  - All Stakeholders
    - Access across programs
    - Mobile Technology friendly
    - Other user-friendly technologies
  - One Stop Shop - No Wrong Door
- Consolidated Customer Service Center
  - Integrated Contact Center serving all HSD programs and potentially those of other agencies
    - Web Chat, Text, Email

ASPEN

- It continues in the current role
- Has assumed responsibility for Centennial Care enrollment
- Will be enhanced with new reporting capabilities
- Will have Interfaces to the SI platform
- Will eliminate the confusion that exists today between various systems
- Access into ASPEN will be expanded
- RTE made available in 2018

Next Steps – Externally

➢ Further Engagement with External Partners, including the IHS, the Tribal Unit providers, Provider Associations, Advocate Organizations and the Centennial Care MCOs.

➢ Your input is the critical ingredient to success and opportunity.