The MMIS Replacement (MMISR) Project Update

April 2018

Approach

- HHS 2020 is an transformational approach to the way HHS services and programs are delivered
- 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
- 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

MMIS Background

- New Mexico Medicaid has a 20 year old MMIS solution that cannot be renewed, as it does not meet federal requirements
- Federal funding is dependent on a certified solution
- The State has an Enterprise eligibility determination and benefit system (ASPEN) that recently assumed enrollment
- Demands and expectations on serving Medicaid recipients are increasing

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 Support 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 State Self-Assessment (MITA SSA)– Defining where we want to be: MITA Maturity Level 4
- Approval by CMS– Framework model, funding, MITA SSA, IV&V RFP and contract, SI RFP & Contract, DS RFP, QA 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-
  ◦ Turning Point Global Solutions contracted in March 2018
- Data Services-
  ◦ Currently in contract negotiations
- Quality Assurance-
  ◦ RFP released March 16th
- Benefit Management Services-
  ◦ Submitted to CMS for review and approval on April 9th
- Financial Services
  ◦ Gathering information
- Outcomes Based Management
- UPI-
  ◦ Unified Portal- In development
  CCSC- RFP in development

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	6/2018	8/2018
Financial Services	8/2018	10/2018
Unified Public Interface	TBD	TBD

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
- Data Analytics
- 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
- 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

- Continues in the current role
- 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

Different Approach

- Sequential and Modular
- A turn away from proscriptive requirements
- Embracing service technology and adaptability
- The role of the State will change, from process and activity reporting to outcomes management
- The Enterprise will be transformational for all participants/stakeholders