The MMIS Replacement (MMISR) Project Update

April 2018
**Approach**

- HHS 2020 is a 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.
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.
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

<table>
<thead>
<tr>
<th>Module</th>
<th>RFP Released</th>
<th>Proposals Due</th>
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<tbody>
<tr>
<td>Systems Integrator</td>
<td>2/20/2017</td>
<td>4/19/2017</td>
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<tr>
<td>Data Services</td>
<td>4/17/2017</td>
<td>6/21/2017</td>
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<tr>
<td>Quality Assurance</td>
<td>3/16/2018</td>
<td>5/16/2018</td>
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<tr>
<td>Benefit Management Services</td>
<td>6/2018</td>
<td>8/2018</td>
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<tr>
<td>Financial Services</td>
<td>8/2018</td>
<td>10/2018</td>
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<tr>
<td>Unified Public Interface</td>
<td>TBD</td>
<td>TBD</td>
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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)
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
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
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