The MMIS Replacement Project (MMISRI) Update

December 2017
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.
- Our Project Plan is guided and driven by the new CMS perspective on MMIS, its role, and what has not worked.
The MMISR Framework

- Six Modules:
  - System Integrator (formerly IP)
  - Data Services
  - Quality Assurance
  - Benefit Management Services
  - Financial Services
  - Unified Public Interface

- For each Module, multiple components, but one prime vendor
- No prime vendor can be selected for more than two modules. The SI vendor cannot win any others.
What Has Been Done

- Visioning – HSD and Partners
- MITA Self-Assessment – Defining where we wanted to be: MITA Maturity level 4
- Approval by CMS – Framework model, IAPDUs, MITA Self-Assessment, IV&V RFP and contract. 90% Federal match secured
- Approval by DoIT, PCC and C2
- Legislative approval of the State funds for MMISR
IV&V on Board: CSG

- Proactive Approach
- Dual Responsibility
- Document Review
- Process and Outcome Reviews and Validation
- Identification of Risks/Issues
- Assessment of Risk Mitigation
- Assessment and Assistance on Certification
Where Are We Now?

- **System Integrator** –
  - RFP was released on February 20th
  - Proposals were due on April 19th
  - Currently in contract negotiations

- **Data Services** –
  - RFP was released on April 17th
  - Proposals were due on June 21st
  - Contract negotiations will begin in December

- **Quality Assurance** –
  - RFP to be released in December

- **Benefit Management Services** –
  - Gathering information
RFP Development Approach

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

- Gather information from other States, from CMS and other Federal agencies, and from existing contracts and vendors.
<table>
<thead>
<tr>
<th>Module</th>
<th>RFP Released</th>
<th>Proposals Due</th>
<th>Contract Start Date</th>
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<tbody>
<tr>
<td>Systems Integrator</td>
<td>2/16/2017</td>
<td>4/2017</td>
<td>2/2018</td>
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<td>Data Services</td>
<td>4/17/2017</td>
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<td>12/2017</td>
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<td>Benefit Management Services</td>
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<td>12/2018</td>
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<td>Financial Services</td>
<td>5/2018</td>
<td>7/2018</td>
<td>2/2019</td>
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<td>Unified Public Interface</td>
<td>TBD</td>
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The SI Vendor will provide:

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

The RFP will contain the 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 the 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
- Assistance with MCO Management
Financial Services Module

The RFP will contain the module 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 Setting
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 Call Center Serving all HSD Programs and potentially those of other agencies
What about ASPEN?

- It continues current role
- Assumes responsibility for Centennial Care enrollment
- Is enhanced with new reporting capabilities
- Interfaces to the SI services vendor
- 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, and a major reduction in the number of procedural requirements
- Embracing services 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