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
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.
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
<table>
<thead>
<tr>
<th>Module</th>
<th>RFP Released</th>
<th>Proposals Due</th>
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</thead>
<tbody>
<tr>
<td>Systems Integrator</td>
<td>2/20/2017</td>
<td>4/19/2017</td>
</tr>
<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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<td>Benefit Management Services</td>
<td>9/2018</td>
<td>11/2018</td>
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<tr>
<td>Financial Services</td>
<td>11/2018</td>
<td>1/2018</td>
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<td>Unified Public Interface</td>
<td>TBD</td>
<td>TBD</td>
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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
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 – 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
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.