


The MMIS Replacement Project (MMISR) Update

December 2017



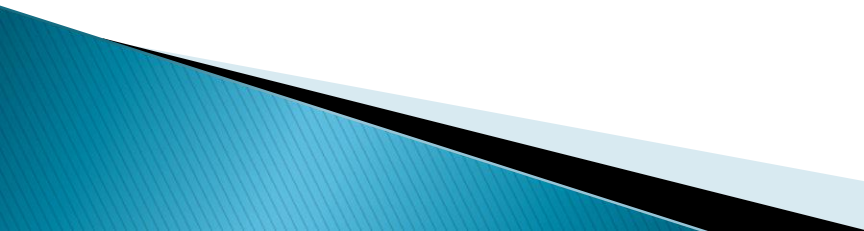
What's the Plan?

- ▶ 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.
 - Our Project Plan is guided and driven by the new CMS perspective on MMIS, its role, and what has not worked.
- 

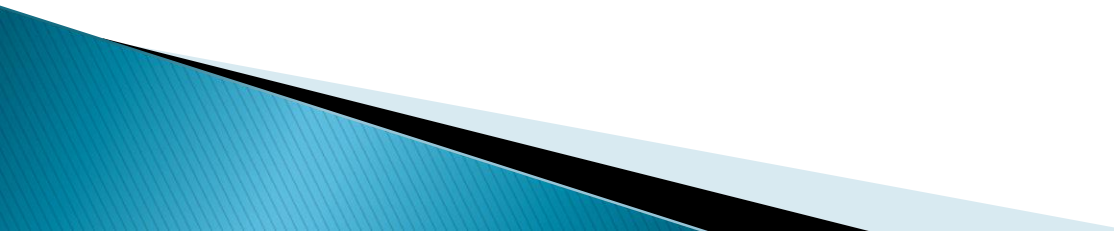
The MMISR Framework

- ▶ 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

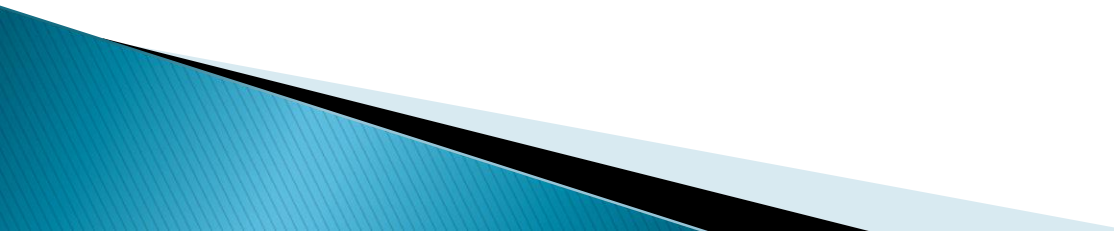
- ▶ For each RFP, staff have meetings with and distribute a questionnaire to all Bureaus, Divisions, Partners and Stakeholders to solicit input on your needs, wishes and requirements for the various components of the module.
 - ▶ Gather information from other States, from CMS and other Federal agencies, and from existing contracts and vendors.
- 

RFP Timeline

Module	RFP Released	Proposals Due	ContractStartDate
Systems Integrator	2/16/2017	4/2017	2/2018
Data Services	4/17/2017	6/2017	4/2018
Quality Assurance	12/2017	2/2018	8/2018
Benefit Management Services	2/2018	4/2018	12/2018
Financial Services	5/2018	7/2018	2/2019
Unified Public Interface	TBD	TBD	TBD

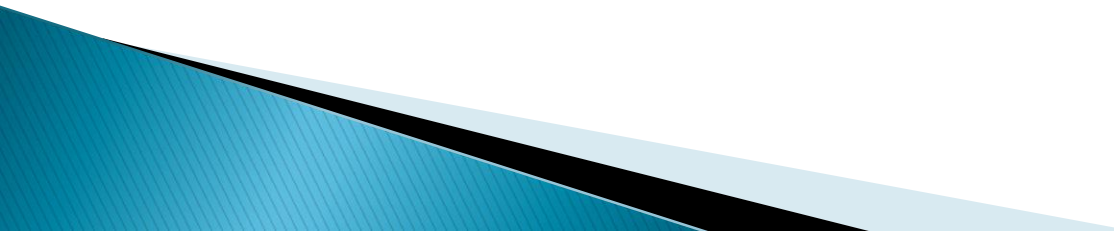
System Integrator

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)

Benefit Management Services

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

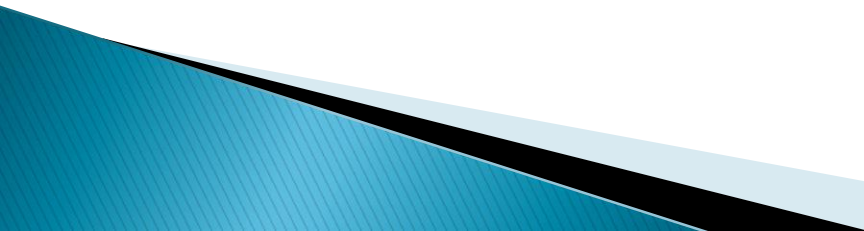
The RFP will contain the module components, including the following:

- ▶ 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
- 