

Rhode Island Unified Health Infrastructure Project (UHIP) Medicaid Eligibility and Enrollment  
(EE) Implementation Advanced Planning Document (IAPD)  
OMB Approval Number: 0938-1268

Name of State: Rhode Island

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Brief Description of Latest Version Additions/Changes/Deletions:

This update includes a revised budget that incorporates revisions to Rhode Island's FFY17 program of work pursuant to the previously submitted *Assessment of Unified Health Infrastructure Project* report dated February 2017. This update provides a revised budget to resource the state's recovery efforts. In doing so, it resets DDI and M&O work outlined in the July 2016 submission and reduces anticipated total project costs through FFY18 by \$43 million.

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## 1. EXECUTIVE SUMMARY

To comply with the Patient Protection and Affordable Care Act of 2010<sup>1</sup> (hereinafter the ACA) requirements regarding expansion of access to affordable health insurance, Rhode Island has taken the following actions, the progression of which reflects Rhode Island's evolving model to provide seamless, consumer-friendly access to affordable health insurance and other human service programs:

- a) March 2011 - Submitted an application, which received federal approval, for Level One Establishment funding to provide planning support to design Rhode Island's Health Benefit Exchange.
- b) August 2011 - Submitted an IAPD, which received CMS approval for enhanced federal financial participation (FFP) to build and implement a new eligibility rules engine for MAGI Medicaid/SCHIP and the Exchange.
- c) September 2011 - Submitted an application, which received federal approval, for Level Two Establishment funding to complete the implementation of the Exchange through the design, development and implementation of a fully integrated, combined technology infrastructure supporting eligibility and other program management functions for both the Exchange and MAGI Medicaid/SCHIP.
- d) January 2012 - Submitted a revised draft IAPD-U, consistent with our Establishment Two funding request reflecting Medicaid's share of the revised costs of design, development, and implementation of "HIX/IES", a fully integrated, combined technology infrastructure, including the technology support for a fully functioning health insurance exchange and the supporting eligibility determination system for both MAGI Medicaid/SCHIP and the Exchange.
- e) April 2012 - Pursuant to RI's approved Establishment II Grant as well as Federal Guidance on January 23, 2012 encouraging states to build fully integrated eligibility systems, submitted a revised IAPD-U to reflect:
  - Medicaid/SCHIP's share of the revised costs of design, development, and implementation of a fully integrated, combined technology infrastructure for a fully functioning health insurance exchange
  - Medicaid's costs of eligibility-related functions for the complex (Non-MAGI) Medicaid populations, including disabled adults and children, long term care, foster children, etc.
  - Cost allocation (to the human service program) of functions related to specific modifications or additional capacity needed for human service programs to be

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<sup>1</sup> Public Law 111-149, Patient Protection and Affordable Care Act, March 23, 2010, 124 Stat. 119.

added to the new Exchange/Medicaid/SCHIP eligibility system. These programs include Supplemental Nutrition Assistance Program (SNAP), Rhode Island Works (RI's TANF Program), the Child Care Assistance Program (CC), General Public Assistance (GPA), and State Supplemental Payment Program (SSP).

- f) January 2013 – Submitted a revised IAPD-U to reflect an updated budget based on the negotiated contract with the winning bidder of RI's competitive procurement to design, develop, and implement Rhode Island's HIX/IES system, specifically as it relates to the Maintenance and Operations (M&O) costs of the project and the design, development, and Implementation (DDI) costs of Phase 2. Also included in the January 2013 IAPD-U are additional costs for state personnel, interfaces with state data sources, and hardware expenditures.
- g) July 2013 – Submitted an "As-Needed" update to the UHIP project budget. This update revised the format from the previous version to provide additional clarity, transparency, and specificity to the project budget for our federal partners as well as improving Rhode Island's ability to monitor and report on the approved budget. This update also included new project costs that had been identified as necessary. Following are a few project highlights and major impacts described in this submission:
- Contact Center Establishment and Operations – In order to comply with ACA requirements and establish its State Based Marketplace, Rhode Island has secured the services of a vendor to implement and operate a contact center to provide customer service to citizens seeking help with health insurance and insurance affordability programs.
  - Mail Handling Capacity – As a result of analyses on expected new transactional volume as the result of the Exchange, Medicaid expansion, and the individual mandate, Rhode Island has identified additional equipment and personnel that will be required.
  - Security, Privacy, and Support Staffing – Rhode Island will secure a UHIP Security Officer and Privacy Officer to manage security and privacy over the entirety of the UHIP platform as well additional technology support personnel.
  - Eligibility Operational Support – With unprecedented increases in the statewide Medicaid caseload, Rhode Island intends to add term-limited eligibility support staff to manage applications and eligibility determination. This represents an additional 30 Department of Human Services (DHS) Eligibility Technicians that will be located in both the local offices and collocating in the Contact Center specifically to manage the increased Medicaid volume as a result of the ACA including newly eligible individuals as a result of Medicaid expansion, previously unenrolled but potentially eligible individuals, and referrals to the Contact Center for ACA Insurance Program enrollments.

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- Outreach and Enrollment Support Program – Rhode Island has secured the services of a vendor to provide statewide Outreach and Enrollment Support Program services to comply with a key provision of the ACA.
  - Increase in DDI Contract resulting from Change Orders – There has been a few changes to the original project scope to accommodate new federal guidance after DDI Contract execution.
- h) April 2014 – A draft update introduced minor changes to a few of the cost categories to reflect project costs more accurately. Below is a summary of the main changes that are being proposed in this IAPD-U iteration:
- State Personnel – The category has been split to better reflect actual cost for dedicated Medicaid personnel.
  - MMIS enhancements – Additional development work has been identified as necessary to ensure proper communication between MMIS and UHIP solutions.
  - Increase in Hardware cost related to the Electronic Document Management initiative
  - Increase in COTS Software cost – In order to support software integration requirements additional Master Client Index software is needed.
  - Increase in DDI Contract resulting from Change Orders – There has been a few additional changes identified after system requirements have been specified. These are due to FSDH malfunction, changing Federal requirements, and other upgrades.
- i) October 2014 – Revised and finalized update submitted to reflect adjustments to projected shared technology costs made in the approval process for the February 2014 Level 1 grant request. In addition, adjustment to the cost allocation methodology for the InRhodes Conversion and Bridging component is being requested based on actual project work to date and planned for the balance of the project.

A detailed description of the revised project costs and cost allocation methodologies are described in Section 4 of this IAPD-U.

- j) July 2015 – This As Needed IAPD-U included a brief description of project goals and objectives for next 12 to 18 months and the impacts to the IAPD-U to accomplish those objectives:
- This plan is encapsulated in the project’s 2015/2016 road map and updated project schedule, which outlined the plan to implement enhanced functionality to the Citizen Portal to address new federal guidance as well as improvements for ease of use and processing efficiencies for both citizens and workers. This year’s plan also included implementing the functionality to provide DHS, EOHHS

and Contact Center workers with the capability to process and maintain applications for MAGI Medicaid, complex Medicaid, QHP and all human service programs using the same “Worker Portal” that will improve processing efficiency, uniformity, error reduction, maintainability of the UHIP solution and reduce the overall cost of system ownership. In addition, the integration of application processing and case maintenance circumvents the potential for data quality and system errors caused by the need for ongoing, real-time data synchronization of multiple databases.

- The project’s road map includes the planned release dates for at least 4 major functional upgrades of the Citizen Portal and implementation of the fully integrated Health Care and Human Services solution, RIBridges, in the summer of 2016. Most importantly, the project team posts all project documents to the CMS CALT repository, which provides the details of all Phase 1 – Citizen Portal and Phase 2 RIBridges Worker Portal design, development and implementation deliverables.
  - The 2015/2016 road map envisions an integrated Citizen Portal (Phase 1) that will enable citizens to submit applications and changes via the internet for all health care and human services programs and state case workers and their agents to enter applications and maintain accounts/cases for all health care and human service programs using RIBridges (Phase 2).
  - This IAPD-U also requested funding for upgrading the technical infrastructure to support a larger caseload, increased transaction volumes, and a more functionally rich Citizen and Worker portal as well as improved system security for better user account management, compliance and risk management and advanced intrusion detection and prevention.
  - We are also requesting an adjustment to the cost allocation methodology for many of the cost items to include actual caseload counts and function points.
- k) July 2016 – This As Needed IAPD-U provided updated costs for contracts that were renewed/executed with vendors for updated FFY 2017 costs as well as new contracts that were not included in last years approved IAPD. In addition, it outlined Rhode Island’s anticipated approach and roadmap for FFY 2017 in anticipation of a successful go live launch.
- l) May 2017 – This As Needed IAPD-U provides a revised budget to support the state’s stabilization and recovery efforts. It includes updated costs for state staffing and vendor support for post go-live stabilization, rescoped design, development and

implementation activities to enable successful recovery, and other implementation activities that were previously approved.

## 2. RESULTS OF ACTIVITIES INCLUDED IN THE IAPD

For this IAPD Update, Rhode Island is asking for federal approval for a reduced FFY17 project budget that prioritizes investments to accelerate stabilization and recovery and advances priority project needs that were identified in the last submission. A detailed description of the new costs and amounts is provided below.

There have been no major changes to the cost categorization approach proposed since the July 2013 IAPD-U, although some adjustments were made to ensure alignment of cost-allocation for non-Medicaid programs. The cost allocation for certain categories benefitting from the integrated worker portal have been updated based on Rhode Island's integrated solution approach.

Rhode Island has identified the need to reallocate resources and prioritize recovery and stabilization activities that advance the overall success of the UHIP/RIBridges project. The budget has been updated to reflect actual expenditures to date (including a \$27M credit from the state's system integrator) and future approved expenditures have been adjusted to better reflect the expected dates in which those costs will be incurred. Tables 1 and 2 below show the overall change to the project budget for DD&I and M&O costs.

*Table 1: July 2016 IAPDU Summary*

IAPD-U July 2016 Version				
	Total Costs	Federal Share	State Share	
<b>DD&amp;I</b>				
Previously Approved DD&I Costs	237,979,328	203,761,585	34,217,742	Approved Establishment Grant and IAPD Project Costs
Updated Project DD&I Cost	363,864,798	307,871,271	55,993,526	Represents net new request
<b>Variance</b>	<b>125,885,470</b>	<b>104,109,686</b>	<b>21,775,784</b>	
<b>M&amp;O</b>				
Previously Approved M&O Costs	125,702,657	80,893,353	44,809,304	Approved Establishment Grant and IAPD Project Costs
Updated Project M&O Costs	123,447,115	82,730,811	40,716,304	Represents net new request
<b>Variance</b>	<b>(2,255,542)</b>	<b>1,837,458</b>	<b>(4,093,000)</b>	
<b>Updated Total Project Costs</b>	<b>487,311,913</b>	<b>390,602,082</b>	<b>96,709,830</b>	

*Table 2: May 2017 As Needed IAPDU Summary*

	Total Costs	Federal Share	State Share	
<b>DD&amp;I</b>				
Previously Approved DD&I Costs	237,979,328	203,761,585	34,217,742	Approved Establishment Grant and IAPD Project Costs
Updated Project DD&I Cost	319,289,146	271,507,181	47,781,963	Represents net new request
<b>Variance</b>	<b>81,309,818</b>	<b>67,745,596</b>	<b>13,564,221</b>	
<b>M&amp;O</b>				
Previously Approved M&O Costs	125,702,657	80,893,353	44,809,304	Approved Establishment Grant and IAPD Project Costs
Updated Project M&O Costs	124,283,352	84,560,659	39,722,695	Represents net new request
<b>Variance</b>	<b>(1,419,305)</b>	<b>3,667,306</b>	<b>(5,086,609)</b>	
<b>Updated Total Project Costs</b>	<b>443,572,498</b>	<b>356,067,840</b>	<b>87,504,658</b>	

As shown in the table above, the overall project budget through FFY18 is estimated to be \$443,572,498 of which \$356,067,840 is the expected federal share and \$87,504,658 is the expected state share. The estimated Design, Development and Implementation (DDI) and Maintenance & Operations cost for the UHIP project through FFY18 has decreased to reflect actual versus previously budgeted FFY16 spending, a \$27M credit against previously budgeted FFY17 system integration costs, a reduction of scope in planned FFY17 DDI activities, and new investments in staff and vendor capacity to enable Rhode Island to stabilize eligibility and reconciliation related activities. These modifications support recovery goals for the integrated eligibility system for health and human services and Rhode Island's implementation of the ACA. These goals include system stabilization, program compliance, supporting worker productivity, client self-service and timely and accurate benefit issuance. The funds requested in this IAPD are for the specified timeframe requested within the IAPD.

### **3. STATEMENT OF NEEDS AND OBJECTIVES OF THE IAPD**

Overall the goals of the UHIP project in Rhode Island have not changed. The state's goal is an integrated eligibility system supporting health and human service programs that will service both ACA program implementation as well as replace the state's legacy health and human service system.

The priority needs and objectives supported by this IAPDU, are described in the *Assessment of the Unified Health Infrastructure Project*, released by the state February 2017.

The focus for UHIP for at least the remainder of FFY17 will be on recovery efforts from the rollout of Phase 2 of the system in September of 2016. This IAPDU has been revised to support efforts to address challenges resulting from that system release and to get the UHIP project on track. The state has developed a runway of releases to improve the system's performance and ability to meet program needs. While the system integrator will not receive payment for these system changes, this IAPD will support state contractors and staff in managing the releases. The IAPDU as revised covers the state's recovery plan for UHIP and will support improvements in project governance, IT management and process; increase permanent and term-limited staff, and improve training and change management; it will support system testing and release quality.

### **4. REQUIREMENTS ANALYSIS, FEASIBILITY STUDY, AND ALTERNATIVE CONSIDERATIONS**

This IAPDU is focused on stabilization of the existing system. Please see *Assessment of the Unified Health Infrastructure Project* released by the state on February 2017.

## **5. COST BENEFITS ANALYSIS**

There are no changes to this section in this IAPD-U at this time. Re-assessment of cost benefit analysis is dependent on stabilization efforts and a re-baselining of system impact to caseload and long-term staffing required to support programs served by the system.

## **6. NATURE AND SCOPE OF ACTIVITIES**

Although the State of Rhode Island's primary goals and objectives for UHIP have not changed, the implementation approach has evolved in response to challenges with the system implementation in September 2016. State project leads have received feedback from citizens, the legislature, advocates, state functional and technical subject matter experts, and federal partners and are incorporating lessons learned into the approach for recovery. This As Needed IAPD-U seeks new funds, and to reallocate previously approved FFY17 amounts for stabilization and recovery efforts. The nature of the work since the UHIP recovery effort began in January 2017 and for the remainder of FFY17 will be focused in governance, IT delivery and quality, staffing and training, operations and stakeholder engagement.

## **7. PROJECT MANAGEMENT PLANNING AND PROCUREMENT**

The state has engaged state staff and vendors to support the overall recovery efforts and to support project management. All contracts have been submitted to and approved by CMS and FNS.

## **8. PERSONNEL RESOURCE STATEMENT**

Please refer to the sections below for a full description of total staffing requirements and personnel costs.

## **9. PROPOSED ACTIVITY SCHEDULE**

The State's overall goals have not changed from the IAPD that was submitted in July 2016. However, Rhode Island is requesting acceptance of the revised UHIP recovery priorities that takes into account the prioritization of its recovery and stabilization initiative and its continuing focus on optimizing the automated solution.

All project and contract deliverables are submitted for CMS federal review and comment and FNS will be provided with a copy of requested documents.

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10. PROPOSED BUDGET

Table 3: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	Project Total
<b>Design, Development &amp; Implementation</b>									
State Personnel - training-related	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Personnel - training-related Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Personnel - training-related Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 251,388	\$ 188,541	\$ -	\$ 439,929
State Personnel - all other	\$ -	\$ 11,090	\$ 1,129,264	\$ 1,138,635	\$ -	\$ -	\$ -	\$ -	\$ 2,278,989
State Personnel - all other Integrated Solution	\$ -	\$ -	\$ -	\$ 669,830	\$ 2,124,062	\$ -	\$ -	\$ -	\$ 2,793,892
State Personnel - all other Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 253,302	\$ 4,562,424	\$ 3,421,818	\$ -	\$ 8,237,544
Allocated Medicaid Personnel	\$ 17,050	\$ 230,842	\$ 422,439	\$ 367,121	\$ 1,110,023	\$ 4,960,189	\$ 2,709,903	\$ -	\$ 9,816,567
<b>Contracted Services</b>									
<b>Project Management Vendor (PCG)</b>									
Phase 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Phase 2	\$ -	\$ 1,944,633	\$ 1,730,023	\$ 701,663	\$ -	\$ -	\$ -	\$ -	\$ 4,376,319
Project Management Vendor Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 529,010	\$ -	\$ -	\$ -	\$ 529,010
Project Management Vendor Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 674,055	\$ -	\$ -	\$ -	\$ 674,055
Technology Implementation Vendor (Deloitte)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 673,400	\$ -	\$ -	\$ 673,400
<b>Phase 1</b>									
Exchange	\$ -	\$ 8,039,513	\$ 7,295,038	\$ 10,768,523	\$ -	\$ -	\$ -	\$ -	\$ 26,103,074
Medicaid	\$ -	\$ 4,483,092	\$ 4,067,949	\$ 6,199,277	\$ -	\$ -	\$ -	\$ -	\$ 14,750,318
Exchange Adjusted	\$ -	\$ -	\$ -	\$ 1,337,050	\$ 6,265,831	\$ -	\$ -	\$ -	\$ 7,602,881
Medicaid Adjusted	\$ -	\$ -	\$ -	\$ 745,562	\$ 14,393,922	\$ -	\$ -	\$ -	\$ 15,139,504
<b>Phase 2</b>									
Technology Implementation Vendor Integrated Solution	\$ -	\$ -	\$ 20,356,422	\$ 6,618,453	\$ 41,788,535	\$ -	\$ -	\$ -	\$ 68,763,410
Technology Implementation Vendor Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 5,053,922	\$ 7,483,929	\$ 23,896,764	\$ -	\$ 36,434,615
Implementation Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,319,402	\$ 16,500,000	\$ -	\$ 21,819,402
<b>Technical Assistance Vendor (PCG)</b>									
Phase 1	\$ -	\$ 134,648	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 134,648
Phase 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>I&amp;V Vendor (CSG)</b>									
Phase 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ 361,934	\$ 1,346,485	\$ 868,736	\$ -	\$ -	\$ -	\$ -	\$ 2,577,155
Medicaid	\$ -	\$ 201,826	\$ 760,021	\$ 518,481	\$ -	\$ -	\$ -	\$ -	\$ 1,480,328
Phase 2	\$ -	\$ -	\$ -	\$ 494,105	\$ -	\$ -	\$ -	\$ -	\$ 494,105
I&V Integrated Solution	\$ -	\$ -	\$ -	\$ 939,071	\$ 1,662,720	\$ -	\$ -	\$ -	\$ 2,601,791
I&V Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 153,000	\$ 1,641,074	\$ 949,967	\$ -	\$ 2,644,041
<b>InRhodes Conversion and Bridging (NGIS)</b>									
Phase 1	\$ -	\$ 2,021,918	\$ -	\$ -	\$ 1,384,511	\$ -	\$ -	\$ -	\$ 3,406,429
Phase 2 (Non InRhodes Revisions)	\$ -	\$ -	\$ 2,618,425	\$ 2,246,416	\$ -	\$ -	\$ -	\$ -	\$ 4,864,841
Phase 2 (InRhodes Revisions)	\$ -	\$ -	\$ 1,497,155	\$ 897,159	\$ -	\$ -	\$ -	\$ -	\$ 2,394,314
InRhodes Conversion and Bridging Integrated Solution	\$ -	\$ -	\$ -	\$ 355,962	\$ 4,900,664	\$ -	\$ -	\$ -	\$ 5,256,626
InRhodes Conversion and Bridging Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 1,137,537	\$ 2,491,277	\$ 158,352	\$ -	\$ 3,787,166
<b>Contact Center</b>									
Start-up Cost	\$ -	\$ -	\$ 2,214,034	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,214,034
<b>Other Contracted Services</b>									
HPES	\$ -	\$ -	\$ 654,236	\$ 3,019,309	\$ 2,490,663	\$ 1,821,390	\$ -	\$ -	\$ 7,985,598
UAT Technology Support	\$ -	\$ -	\$ -	\$ -	\$ 1,140,311	\$ -	\$ -	\$ -	\$ 1,140,311
Exchange	\$ -	\$ -	\$ -	\$ -	\$ 1,976,834	\$ -	\$ -	\$ -	\$ 1,976,834
UAT Technology Support Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 20,100	\$ 6,694,794	\$ 2,222,397	\$ -	\$ 8,937,291
UAT Technology Support Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Implementation Support Services	\$ -	\$ -	\$ -	\$ -	\$ 173,667	\$ 809,874	\$ 277,875	\$ -	\$ 1,261,416
Exchange	\$ -	\$ -	\$ -	\$ -	\$ 740,369	\$ 3,452,625	\$ 1,164,625	\$ -	\$ 5,377,619
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,043,284	\$ 4,799,057	\$ -	\$ 10,842,341
Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 231,084	\$ -	\$ -	\$ 231,084
Exchange	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 985,140	\$ -	\$ -	\$ 985,140
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>State System Interface for Verifications</b>									
Phase 1 Interface Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Hardware and Software</b>									
Hardware for DD&I and Testing	\$ -	\$ 283,906	\$ 2,013,862	\$ 11,481	\$ -	\$ -	\$ -	\$ -	\$ 2,309,249
Hardware for DD&I and Testing Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 375,998	\$ -	\$ -	\$ -	\$ 375,998
Hardware for DD&I and Testing Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 47,628	\$ 1,987,064	\$ 445,344	\$ -	\$ 2,480,036
Mail Room HW Enhancement - Exchange	\$ -	\$ -	\$ 546,356	\$ 183,645	\$ -	\$ -	\$ -	\$ -	\$ 730,001
Mail Room HW Enhancement - Medicaid	\$ -	\$ -	\$ 1,107,948	\$ 734,578	\$ -	\$ -	\$ -	\$ -	\$ 1,842,526
Mail Room HW Enhancement - Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 8,458	\$ -	\$ -	\$ -	\$ 8,458
Mail Room HW Enhancement - Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 1,041	\$ 23,952	\$ 17,964	\$ -	\$ 24,957
COTS Software	\$ -	\$ -	\$ 5,400	\$ 139,370	\$ -	\$ 1,153,000	\$ 657,896	\$ -	\$ 1,955,666
<b>TOTAL DD&amp;I Cost</b>	<b>\$ 17,050</b>	<b>\$ 17,713,402</b>	<b>\$ 48,097,317</b>	<b>\$ 68,523,932</b>	<b>\$ 87,022,652</b>	<b>\$ 50,485,290</b>	<b>\$ 57,429,503</b>	<b>\$ -</b>	<b>\$ 319,289,146</b>
<b>Maintenance &amp; Operations</b>									
<b>State Personnel</b>									
DHS Eligibility Support	\$ -	\$ -	\$ 2,235,112	\$ 1,134,566	\$ 1,132,600	\$ 6,740,241	\$ 4,865,436	\$ -	\$ 16,107,955
EDM Scanning and Indexing Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 483,291	\$ -	\$ -	\$ 483,291
<b>State M&amp;O - Other</b>									
State M&O - Other Integrated Solution	\$ -	\$ -	\$ 200,839	\$ 238,554	\$ -	\$ -	\$ -	\$ -	\$ 439,393
Contracted Services	\$ -	\$ -	\$ -	\$ 68,601	\$ 667,087	\$ 1,001,604	\$ 231,892	\$ -	\$ 1,969,184
Reconciliation Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,925,008	\$ 2,183,664	\$ -	\$ 6,108,672
Data Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,317,576	\$ 2,027,040	\$ -	\$ 3,344,616
<b>UHIP Security &amp; Support</b>									
UHIP Security & Support Integrated Solution	\$ -	\$ -	\$ 50,962	\$ 553,045	\$ 435,735	\$ 1,071,200	\$ 1,821,200	\$ -	\$ 3,640,007
<b>UHIP Technology Platform</b>									
Initial Hosting/M&O	\$ -	\$ -	\$ 5,852,201	\$ 1,771,953	\$ -	\$ -	\$ -	\$ -	\$ 7,624,154
Ongoing Hosting/M&O	\$ -	\$ -	\$ -	\$ 1,780,453	\$ -	\$ -	\$ -	\$ -	\$ 1,780,453
Ongoing Hosting/M&O - SFY16	\$ -	\$ -	\$ -	\$ -	\$ 9,139,300	\$ -	\$ -	\$ -	\$ 9,139,300
Ongoing Hosting/M&O - SFY17 and Beyond	\$ -	\$ -	\$ -	\$ 1,229,750	\$ -	\$ 974,806	\$ 4,555,990	\$ -	\$ 6,760,546
<b>Contact Center</b>									
Initial Hosting/M&O	\$ -	\$ -	\$ 9,572,964	\$ 10,948,191	\$ -	\$ -	\$ -	\$ -	\$ 20,521,155
Ongoing Hosting/M&O	\$ -	\$ -	\$ -	\$ 4,781,281	\$ 16,699,823	\$ 13,003,126	\$ 9,353,932	\$ -	\$ 43,838,162
Ongoing Hosting/M&O SFY16 and Beyond	\$ -	\$ -	\$ -	\$ -	\$ 56,250	\$ -	\$ -	\$ -	\$ 56,250
<b>OESP</b>									
Outreach and Education	\$ -	\$ -	\$ 65,625	\$ 86,458	\$ -	\$ 50,001	\$ -	\$ -	\$ 202,084
<b>Total M&amp;O Cost</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,977,703</b>	<b>\$ 22,592,852</b>	<b>\$ 30,106,790</b>	<b>\$ 28,566,853</b>	<b>\$ 25,039,154</b>	<b>\$ -</b>	<b>\$ 124,283,352</b>
<b>Total Project</b>	<b>\$ 17,050</b>	<b>\$ 17,713,402</b>	<b>\$ 66,075,020</b>	<b>\$ 81,116,784</b>	<b>\$ 117,129,442</b>	<b>\$ 79,052,143</b>	<b>\$ 82,468,657</b>	<b>\$ -</b>	<b>\$ 443,672,498</b>

## **10.1. Design, Development and Implementation Costs**

### **10.1.1. State Personnel – Training Related**

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred based on recovery plan, and in particular staffing and hiring. After additional review of State and contractor staffing approaches, the updated FFY 2017 annual estimate for this category is \$251,388 (unchanged from July 2016 submission) for state staff trainers who will be responsible for training of the incumbent workforce as well as the new staff as they are onboarded as part of the staffing surge. Training will be a critical component for release readiness and state and contractors in the training team will provide updated training to respond to fixes in each system release.

### **10.1.2. State Personnel – All Other**

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred.

The State Personnel adjustments reflect the state staff required to support the scope in this IAPD-U submission. Additional staffing will enhance existing capacity with more UHIP-dedicated staff with deep expertise in projects of this type, and includes skill sets and positions needed to fully manage the system development life cycle, manage and support the DDI system integrator and provide quality assurance/quality control and fiduciary management.

All UHIP project stakeholders have full and/or part time staff allocated to the UHIP project, including:

- Executive Office of Health and Human Services;
- Department of Human Services;
- HealthSource Rhode Island (HSRI);
- Department of Administration (DOA);
- Division of Information Technology (DOIT); and

The State is performing the following project functions, and allocations range from part time to full time. Time accounting is being maintained as appropriate.

- Project Executive Management Oversight;
- Project Management;
- Contract Management;
- Financial Management;
- Technical Management;
- Business Subject Matter Experts;

- Eligibility Technicians;
- Policy and Program Subject Matter Experts;
- User Acceptance Testing Management and Execution;
- Training Management and Delivery;
- Implementation Management and Subject Matter Experts;
- Data Center Management and Support; and
- Electronic Document Management Scanning and Indexing

The total state personnel budget for FFY 2017 is \$4,562,424 (unchanged from July 2016 submission) for this category.

### **10.1.3. Allocated Medicaid Personnel**

Rhode Island has identified HSRI, DOA and DoIT staff who work on Medicaid related tasks for the new integrated solution. The DoIT and DOA staff allocation have been determined based on the actual time spent supporting development efforts (vendor and procurement management, administrative support, project management, project budget support). The increase in DoIT staff is to assist the State with the technology issues currently impacting the system. The total annual estimated cost for this line item for FFY 2017 is \$4,960,189 (\$4,237,135 increase over July 2016 submission).

### **10.1.4. Contracted Services – Project Management Vendor**

Public Consulting Group, Inc. (PCG) costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred. To support the ongoing project management and technical advisory needs of the project along with the new Runway timeline, \$673,400 (unchanged from July 2016 submission) is being requested through FFY 2017 with Phase 2 and Integrated Solution allocation.

PCG's PMO responsibilities include: assisting in the preparation of the IAPD and state agency project budgets; managing the deliverable review process between the state and the system integrator; and supporting EOHHS in its management of MMIS.

### **10.1.5. Contracted Services – Technology Implementation Vendor**

The State is requesting a FFY 2017 budget of \$12,803,331 (\$26,686,141 reduction from July 2016 submission) for the technology implementation vendor, Deloitte Consulting. This value includes a carryover from FFY 2016 from the base contract, payables, and retainage and is net of the allocation of Deloitte's credit toward its year-to-date and anticipated 2017 DDI related charges. It also includes a smaller than previously budgeted increase for potential change

orders to address recent and forthcoming federal guidance as well modifications to the baseline project requirements. The necessity of such change orders in FFY17 is contingent on progress in stabilizing the system and the state and Deloitte's ability to incorporate changes into the project schedule. Further, the state may not agree to any cost for such change orders, which is to be determined through ongoing discussions with Deloitte. A summary of the FFY 2017 requests budget includes:

- \$5,192,739 of which has already been contracted (e.g., 2016 payables, retainage)
- \$7,610,592 of which is associated with contract amendments

The cost allocation will be consistent with the most appropriate cost allocation methodology as detailed in Section 13 Cost Allocation Methodology.

#### **10.1.5.1. Future Federal Requirements**

The State is primarily focused on recovery and stabilization and is no longer planning to move forward with three major DD&I releases of new functionality in FFY17. We are aware of additional federal requirements, program requirements and system changes that are critical for operational efficiency and sustainability, and are working to implement these changes on a priority basis with Deloitte at no cost as represented in the project runway. The state and Deloitte have agreed to a runway of defect fixes and changes to make the system more stable, efficient and compliant.

As a contingency, the State is requesting \$5,000,000 in this IAPDU in the event that negotiations with the system integrator result in agreement for the state to pay for any DDI for the period from July through September 2017. Currently, the state has agreement for DDI through July at no cost and negotiations are ongoing for future months. The scope for such DDI would be based on project priorities and subject to review and approval by CMS and FNS.

For FFY18, the state is requesting a \$15,000,000 for DDI costs for the system integrator. We have included this in our budgeting for the project and understand that CMS and FNS approval of this amount would be contingent upon review of the scope and cost in subsequent contract amendment.

#### **10.1.5.2. UHIP Cyber Security Roadmap**

The State is enhancing the overall data security and privacy as part of the RIBridges implementation and integration between the Citizen Portal and the Worker Portal. With the ongoing UHIP system changes and in a continuous effort to safeguard UHIP system and data, there are several security change areas that State plans to implement. The scope of security changes is comprised of several project threads described below. Each of these security projects require investments for additional hardware, software, and services to effectively meet the more robust security requirements from CMS and IRS as well as address the State's security

requirements. The hardware and software services have been included in section 11.1.3 below. But the State is requesting \$2,000,000 for the implementation service costs.

The following UHIP cyber security roadmap projects have been reviewed by the State and determined to be essential security changes for the cyber security and privacy implementation of UHIP system, and based on our knowledge of UHIP security, federal findings, and published CMS MARS-E 2.0 requirements.

In the event that this work cannot be prioritized within FFY17, the state will reevaluate for FFY18.

#### **10.1.5.2.1. Infrastructure Security**

This functionality is focused on UHIP Infrastructure security requirements and is comprised of following security projects:

##### **Intrusion Detection System / Intrusion Prevention System (IDS/IPS)**

This solution will increase capabilities for identification and prevention of attacks and threats on the network that might compromise UHIP user data security and infrastructure. IRS had reported several findings linked directly to the lack of an IDS/IPS after an onsite review in 2014. An IDS/IPS, can effectively monitor traffic and detect anomalies on perimeter devices and server hosts.

##### **QRadar Advanced Reporting**

This functionality will establish enhanced reporting and monitoring capabilities by integrating network, infrastructure and application activity log sources to generate meaningful security events for monitoring, and enhance overall situational awareness, reporting and visibility. This project would require enhanced licensing and sizing capabilities for existing IBM QRadar solution.

##### **Infrastructure Security Vulnerability Testing**

This functionality comprises of periodic security vulnerability testing of UHIP infrastructure to comply with the Federal CMS and IRS risk assessment requirements, and includes Penetration Testing and Database vulnerability scans.

#### **10.1.5.2.2. Identity Management and Application Security**

This enhancement area is focused on UHIP user account management and application security requirements, and is comprised of following security projects:

##### **Identity and Access Management Implementation Roadmap for RIBridges Security**

Implementation of IBM Security Identity Manager (SIM)/IBM Security Access Manager (SAM) for compliant, automated user access management and centralized user provisioning for IES, CCAP, EARR applications in multiple physical and logical environments.

### **UHIP Application Security Vulnerability Testing**

This enhancement is comprised of periodic security vulnerability testing of UHIP applications to comply with the Federal CMS and IRS risk assessment requirements, and includes dynamic application scans/ and secure source code reviews.

#### **10.1.5.2.3. Compliance Security**

This enhancement area is focused on UHIP security and privacy compliance requirements, and is comprised of following project:

#### **Compliance Management Roadmap for RIBridges Security**

This enhancement will support the security risk and compliance landscape in regards to Federal requirements (Internal Revenue Service, Centers for Medicare & Medicaid Services, Social Security Administration).

#### **10.1.5.3. Data Analytics**

The State is requesting a FFY 2017 budget of \$3,557,250 for the implementation of UHIP data analytics roadmap. The state is committed to building out its reporting and analytics capacity, but will need to develop an approach.

The State has the need for more robust analytics solutions and enhanced program monitoring, the State wants to build on the initial work performed on the Citizen Portal and integrate additional data sources. The scope of data analytics enhancements is comprised of several project threads described below. Each of these projects require investments for additional hardware, software, and services to effectively meet the State's need for a consolidated data environment and measurement of program effectiveness which are included in the Hardware and COTS sections below.

In the event that this work cannot be prioritized within FFY17, the state will reevaluate for FFY18.

#### **10.1.5.3.1. Changes to the Existing Data Structures and Dashboards**

Additions to the existing data structures and dashboards include items which were identified as needed during the project's requirements phase. An example of some of the items which were requested include a financial and payments dashboard, an address data mart, in addition to dash-boarding functionality which will include the traditional Medicaid population. These

solutions will increase visibility and monitoring of program effectiveness, provide the ability to track and measure payments, refunds, write-offs, and other financial measures, and also provide the ability to understand where address information may be discrepant across multiple data sources (causing a PII breach) or where the mailing of notices may be returned.

#### **10.1.5.3.2. Integration of Additional Data Sources**

This work is comprised of the integration of additional data sources which were identified as needed during the project's requirements phase. These data sources include the following:

- Call Center Data Integration – Integration of data from the call center to have a complete understanding of an individual's account information at the call center and to allow the operations team to have insight into a customer's request/history when researching a case.
- RIBridges Program Integration – Integration of RIBridges programs to create previously unavailable metrics, measures and dashboards to allow real-time analysis of program effectiveness for SNAP, RI Works, and CCAP programs.

#### **10.1.5.3.3. Dashboard for Local Office, Directors, and Supervisors**

This enhancement will establish enhanced dash-boarding and monitoring of case statuses, case trends, and wait times for local offices. Case workers and supervisors will have an integrated view in the RIBridges system displaying a breakdown of their cases and will have the ability to drill down into the details of cases and take action.

#### **10.1.5.4. Medicaid Eligibility Verification System Technology**

Ensuring accurate eligibility determinations in Medicaid and human services programs is critical to their viability and long-term success. A potentially superior source of accurate and current income data is the state's Unemployment Insurance (UI) income reporting system.

The State requests \$1,500,000 to design and implement a new Unemployment Insurance (UI) predictive analytics system which will improve the accuracy and timelines of wage data reporting by UI recipients and then be used as a verified income data source in Medicaid eligibility determinations. The system will allow Rhode Island to improve its Medicaid and human service programs' income verification capabilities to reduce cost for members enrolled in Managed Care Organizations.

In the event that this work cannot be prioritized within FFY17, the state will reevaluate for FFY18.

#### **10.1.5.5. Implementation Support for Back-Office Scanning**

The back-office scanning initiative is instrumental to helping the State make the transition to RIBridges by supporting field office staff efforts to stream-line the application intake and case maintenance processes. It also helps the State achieve the planned cost benefit goals for the new system by expediting the State's vision to achieve a near-paperless office environment. This implementation support best practice provides for scanning and storing legacy documents into the RIBridges system. This effort focuses on two critical elements (1) the configuration, integration and central storage of scanned images, and (2) increasing RIBridges electronic storage to ensure sufficient system capacity.

The cost of back-office scanning and capacity upgrade for FFY 2017 is \$1,796,483.

#### **10.1.6. Contracted Services – Technical Assistance Vendor**

There are no further changes to this cost category.

#### **10.1.7. Contracted Services – IV&V Vendor**

CSG Government Solutions (CSG) IV&V Vendor costs have been updated to reflect actual expenditures. The state is budgeting \$1,541,074 (an increase of \$669,334 over the July 2016 submission) for FFY2017.

#### **10.1.8. Contracted Services – InRhodes Conversion and Bridging**

InRhodes' Conversion and Bridging contractor, Northrup Grumman Information Systems, Inc. services will continue its role in providing conversion and bridging services on the project during the new Road Map time line. \$2,491,277 (an increase of \$411,277 over the July 2016 submission) is requested. In addition to conversion and bridging, the contractor will continue to support the project by providing functional and technical subject matter expertise and testing of Medicaid interfaces. These services will also be gradually reduced as the project transitions to its M&O phases and significant elements of InRhodes are retired.

#### **10.1.9. Contracted Services – Contact Center**

There are no new DDI Contact Center costs for this IAPD-U period.

### **10.1.10. Contracted Services – Other Contracted Services**

#### **10.1.10.1. Medicaid Management Information System Integration**

Additional development work has been identified as necessary to ensure proper communication between the MMIS, managed by Hewlett Packard Enterprises (HPES), and the RIBridges solutions. Each additional enhancement is detailed below.

##### **MCI-ID**

Extensive effort is required to convert RI Medicaid's use of SSN (Medicaid ID - MID) to a new MCI-ID (Master Client Index ID) value. For the RIBridges project, a conversion effort populated all known InRhodes recipients into a separate MCI database. The RIBridges system uses the MCI database to lookup recipients during their eligibility processing. If known in the MCI, the existing MCI-ID is used. If not matched to an existing record, a new MCI-ID is created.

The MCI-ID is the identifier that will be used exclusively in the new UHIP Eligibility system. MCI-ID will also be the equivalent of what the MMIS once knew as the ISN (Internal Sequence Number). In the MMIS, the MID field was converted from field length of 9-numeric to 10-numeric with the Ingres-to-Oracle database migration. Likewise, External ID (ISN) was also converted to a field length of 10-numeric.

While the MMIS database is poised to cutover to the new MCI-ID, there are multiple factors that need to be considered for the major conversion from an SSN MID to an MCI-ID. Moreover, other impacts have been identified and require modifications to ensure proper transactions between MMIS, UHIP and InRhodes. These include identification processing, encounter processing and other interfaces using MID, presumptive eligibility, extracts and reports, claims processing, prior authorization, portal, Non-emergency Medical transportation, ID cards, Atlantes, COBA eligibility, TMSIS, DSS profiler, data warehouse, APCD, and Business Objects.

##### **Human Services Data Warehouse**

Another substantial effort is to create a data feed and associated processing to bring certain IES data into the Human Services Data Warehouse (HSDW). This is due to the quantity of data elements to handle, i.e., fields to manage, multiple table changes and expanded modification efforts for eligibility and financial that are anticipated. The high level scope of work is comprised of building a data model and data dictionary, establishing a process for secure data transmissions of data files, creating the ETL process to load data into the RI HSDW, updating the person cross-reference process, building Business Objects universes, and updating existing eligibility and financial data marts.

In the early spring of 2016, the State decided to update the data feeds and allow only data elements that are critical to reporting to be sent to the HSDW. A separate effort, to assess the HSDW and determine its direction for future data and reporting needs, is to be conducted.

Further HSDW enhancements will be required. Throughout this process, HPE will be called upon to explain or resolve concerns.

The request for FFY 2017 for the MMIS integration for the MMIS System Integrator, HPES, Inc., is \$1,821,390 (unchanged from July 2016 submission), for which 90% FFP is requested. This request addresses additional modifications that have not been included in the existing MMIS IAPD. There is no overlap between the two documents and no enhancements are being requested in this IAPD-U.

**10.1.10.2. User Acceptance Testing Technical Assistance**

Includes technical assistance to help the State develop User Acceptance Test (UAT) Plans, Scripts, and test data. This service also includes UAT execution. The State provides substantive staff resources to participate in all UAT activities and is responsible for the final acceptance of all system releases. Rhode Island is requesting a budget of \$6,694,794 for FFY 2017 (an \$4,069,794 increase from the July 2016 submission). This is a DDI cost at the CMS enhanced federal participation rate of 90%. KPMG is currently under contract to provide UAT technical assistance.

**10.1.10.3. Implementation Support Services**

The state is requesting \$4,262,499 in FFY 2017 (unchanged from July 2016) for technical assistance for helping State staff with implementation tasks such as implementation planning, implementation readiness, cut over support, and post implementation triage of system problems and defects. This cost consists of three vendors as detailed by the table below:

*Table 4: Implementation Support Services*

Vendor	Total
Tabner	\$1,187,500
Wakely	\$500,000
Faulkner Consulting Group	\$2,574,999
<b>Total</b>	<b>\$4,262,499</b>

The services provide by each of these implementation support vendors can be found below.

**Tabner**

Tabner will support the State by providing the following services:

- Development of business requirements for system enhancements to ensure compliance with federal regulations, state regulations, and agency business needs;
- Provide quality assurance on technical proposals by the vendor in meeting business requirements;
- Support SDLC process from start to finish ensuring quality through DDI cycle;
- Conduct release management; and
- Identify security requirements and manage system changes for compliance.

**Wakely**

Wakely will support the State by providing the following services:

- Development of policies and procedures;
- Development of management tools and analytics; and
- Provide continued system development input and documentation;

**Faulkner Consulting Group (FCG)**

FCG will support the State by providing the following services:

- DDI implementation support;
- Establishing workarounds for functionality that is not yet implemented;
- Support SDLC process from start to finish ensuring quality through DDI cycle;
- Release validation to ensure successful code merges; and
- Identifying gaps as reporting through customer facing channels and determining solutions

In addition to the three vendors above, the State is also requesting \$6,543,284 (new from July 2016 submission) for vendors to assist with implementation services in support of the state’s recovery plan. These vendors will be allocated in accordance with the integrated solution methodology.

*Table 5: Integrated Solution Implementation Services*

Vendor	Total
KPMG	\$1,244,454
Optum	\$50,000

<b>Business Process Redesign (TBD)</b>	\$875,000
<b>IBM</b>	\$4,373,830
<b>Total</b>	\$6,543,284

The services provide by each of these implementation support vendors can be found below.

**KPMG**

KPMG will support the State by providing the following services:

- Assisting with critical backlogs for Medicaid customers;
- Assisting with Medicaid verifications that are out of Federal compliance;
- Notice quality assurance;
- Identifying and addressing business processes and policy gaps;
- Defining work needed to be completed to deliver programs;
- Defining reporting requirements, decision making and escalation paths, and
- Identifying and remediating gaps in development.

**Business Process Redesign Services**

The selected vendor will assist the state with reengineering business practices supporting the eligibility determination. The goal of the vendor is to realign eligibility processes to promote one-and-done processing. This vendor will support in developing and implementing tools to support work processing.

**Optum**

Optum will support the State by providing the following services:

- Providing follow through on risk management, including findings from the IV&V vendor;
- Coordinating bug fixes;
- Working through backlog of defects and issues;
- Assisting with cleanup of data and code; and
- Mapping original system requirements to the current system.

**IBM**

IBM will support the State by providing the following services:

- Provide technical support for the UHIP Program Team;

- Assist with data assessment problem definition statement; and
- Plan the critical application infrastructure and application performance assessment for the UHIP system.

**10.1.11. Data Management**

Rhode Island is requesting \$1,216,224 in FFY 2017 (unchanged from July 2016 submission) for Data Management services. These services are provided by Freedman HealthCare and include:

- Participation in development, design and implementation of all waves of the Data Mart project;
- Building CMS and other compliance reports;
- Assisting Operations team with validation of system enhancements and fixes;
- Report development across multiple systems; and
- Data quality and enhancement recommendations

These services are being requested at the CMS enhanced federal participation rate of 90%.

**10.1.12. State System Interfaces for Verification**

There are no additional costs for State System Interfaces for Verification for this IAPD-U period.

**10.1.13. Hardware and Software Costs**

In this section, the State outlines its request for hardware and software required to support its FFY 2017 needs. The hardware and software costs for FFY 2017 are estimated to be \$1,987,064 for FFY 2017 (\$353,564 reduction from July 2016 submission). Per the previously approved 2015 IAPD, the annual license fees will be reflected as M&O Other beginning in FFY 2017. These estimates are summarized in Table 7.

In addition to the costs detailed below, the State is also requesting \$23,952 for FFY 2017 for mailroom upgrades. These costs will assist in purchasing a Data Protection and Recovery (DPR) to assist with downtime of sorting operations due to hard drive failures and or data corruption. This product enables the State to back up and restore critical data and settings for sorters.

*Table 6: Hardware and Software Costs*

Function	Description	Cost
Kiosks	Kiosks to offer self-service	\$141,059

Rhode Island Unified Health Infrastructure Project (UHIP) Medicaid Eligibility and Enrollment  
 (EE) Implementation Advanced Planning Document (IAPD)  
 OMB Approval Number: 0938-1268

Function	Description	Cost
	and assist with wait time. Reduce resource intensive tasks related to processing of lobby management.	
Development Hardware	Required to support the RIBridges DD&I technical platforms/environments, including development, system testing, production staging, and user acceptance testing, testing time travel, and training environments.	\$1,436,569
Data Analytics Hardware	Required hardware for each of the data analytics projects.	\$75,000
Security Hardware	Required hardware for each of the security enhancements projects.	\$200,000
Web Application Firewall	Detect attacks against web applications in more depth than an Intrusion Prevention System. Protect against web application threats like SQL injection, cross-site scripting, session hijacking, parameter or URL tampering and buffer overflows, etc.	\$50,000
ISP Failover Circuit	Provides automatic failover of the ISP.	\$30,000
DR Circuit	Circuit connection to the site location for disaster recovery.	\$30,000

Function	Description	Cost
VPN Configuration for MFA	Provides secure access for contact center users until point to point connection is installed.	\$19,704
Contact Center Network Circuit	Point to point connection between the contact center and the Warwick data center. Circuit will be used to access the worker portal on the state network. This will provide a dedicated, stable and secure connection that does not require MFA authentication.	\$4,732
<b>Total</b>		<b>\$1,987,064</b>

**10.1.14. COTS Costs**

COTS costs have been updated to reflect the FFY 2017 request of \$1,153,000 (unchanged from July 2016 reduction). The tables below represent break out the costs for the cost above.

*Table 7: COTS*

Function	Description	Cost
Performance Testing Tool	Provide dynamic performance information.	\$3,000
Data Analytics	COTS software required for each of the data analytics enhancements.	\$100,000
Security	COTS software required for each of the security enhancement projects.	\$750,000
Business Intelligence Tool	Business Intelligence tools foster easy access to	\$300,000

Function	Description	Cost
	<p>relevant information and support the development and distribution of a variety of reports. Simplified access to data and the ability to consolidate information across multiple data sources will enable the State of Rhode Island to improve workforce productivity and speed decision-making. An Enterprise Business Intelligence tool will help State of Rhode Island stakeholders gain a greater understanding of the data that is available.</p>	
<b>Total</b>		<b>\$1,153,000</b>

**10.2. Maintenance and Operations Costs**

**10.2.1. State Personnel – DHS Eligibility Support**

Costs have been updated to reflect actual expenditures to date, adjust for timing and reflect the State’s recovery and stabilization initiative. FFY2017 Eligibility Technician and Supervisor costs are \$6,024,996 (an increase of \$4,616,876 from the July 2016 submission) using a 75/25% cost allocation plan. The Eligibility Technician and Supervisors will assist in the Medicaid backlog of applications.

The State is also requesting \$715,245 using a 75/25% match rate for five additional resources to identify and correct discrepancies between the states eligibility and enrollment systems. These individuals will work on nightly and monthly reports, which display discrepancies in eligibility and enrollment segments and resolving the discrepancies. These individuals will validate information related to the reconciliation.

Rhode Island will keep monitoring eligibility support staffing needs and updating this line item accordingly with respect to resource needs in future periods. There are no further changes to this cost category.

**10.2.2. State Personnel EDM Scanning and Indexing**

The State is adding staff to perform scanning and indexing at the central mail facility. The FFY 2017 total is \$483,291 (unchanged from July 2016 submission) and will be cost allocated using the M&O cost allocation methodology at 75%/25% federal financial participation.

**10.2.3. State M&O – Other**

This category presents in-house costs of maintenance and operations of the UHIP platform. In this IAPD-U, Rhode Island’s requests include operating costs for new application forms, local office site preparation/infrastructure, central printing and mailing, and licenses. The FFY 2017 anticipated costs are \$1,001,604 (unchanged from July 2017 submission). The proposed methodology allocates costs across benefitting Medicaid and Human Services programs. The requested Medicaid FFP will be 75%.

The tables below break out the total above per each item in this total:

*Table 8: Printing Costs*

Program	Print Count	Cost
Medicaid	169,389	\$265,576
Health Exchange	96,949	\$152,011
Shared	305,524	\$479,015
<b>Total</b>	<b>571,862</b>	<b>\$896,602</b>

*Table 9: Licenses*

Function	Cost
Business Intelligence Tool	\$90,000
Auto Regression Test Tool License (3)	\$15,000
<b>Total</b>	<b>\$105,000</b>

#### **10.2.4. Contracted Personnel – Reconciliation Services**

The State is requesting \$3,348,070 in FFY 2017 (a \$500,000 increase over July 2016 submission) for HPES post-implementation and reconciliation activities at the 75% federal enhanced match rate. HPES will assist with issue resolution, testing new MMIS fixes, and testing of new functionality. HPE will also help operationalize system changes, decipher and explain recipient cases, and assist in the resolution of issues.

The State is also requesting \$576,938 in FFY 2017 for Xerox to review data for the purpose of federal claiming, review RIBridges transactions to assess correct eligibility determinations, reconcile program eligibility and enrollment decisions.

#### **10.2.5. Contracted Personnel – Data Management**

In FFY 2017, the State is requesting \$1,317,576 (unchanged from July 2016 submission) for Data Management services. In addition to the development services described in section 11.1.11 above, Freedman Healthcare also provides the following maintenance services:

- Support for data conversion from UHIP to RIBridges;
- Identify and manage correction of data as it enters the data mart; and
- Release management script validation

These services are being requested at the CMS enhanced federal participation rate of 75%.

#### **10.2.6. Contracted Personnel – UHIP Security and Support**

To ensure that the UHIP platform remains fully compliant with all federal and state security and privacy standards, the State has conducted an additional analysis of compliance requirements. The State is requesting \$1,071,200 in FFY 2017 (unchanged from July 2016 submission) at the M&O federal participation of 75%. This will ensure the State is in compliance with the new privacy and security control families in MARS-E 2.0. There are no further changes to this cost category.

#### **10.2.7. Contracted Services – UHIP Technology Platform**

The system integration vendor's M&O contract currently runs through July 2017. The state is currently in negotiations with the SI vendor to exercise an option year in the contract to continue Maintenance & Operations to June 30, 2018. The State's requirements for the

upcoming M&O period includes supporting RIBridges solution. The new integrated RIBridges solution provides a significant increase in the number of supported programs, functionality, capabilities, and service population.

*Table 10: M&O Costs*

Item	Cost
Hosting Operations	\$180,000
Maintenance and Operations	\$720,000
Financial Management Services	\$3,500,000
Deloitte credit	(\$3,425,194)
<b>Total</b>	<b>\$974,806</b>

The new contracted M&O amount of \$4,400,000 took effect July 1, 2016, however, the net total is \$974,806 after the Deloitte credit is applied for FFY17. The new M&O cost allocation methodology is based on the actual caseload as of April 30, 2016 and is being used beginning July 1, 2016.

**10.2.8. Contracted Services – Contact Center**

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred. The State has finalized a contract with the new Contact Center vendor. This IAPD-U has an M&O cost for FFY 2017 of \$13,003,126 (an increase of \$788,245 from the July 2016 submission). The CMS allocation is 75%. There are no further changes to this cost category.

**10.2.9. Contracted Services – Outreach and Enrollment Support Program**

The State is requesting \$50,001 in FFY 2017 for Outreach and Enrollment with a CMS allocation of 50%. Outreach and Enrollment activities include community building, education and awareness of the Health Benefits Exchange and the prospective eligibility of Rhode Islanders to qualify for Medicaid or reduced coverage, and enrollment fairs.

**11. COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES**

There are minor changes to this section in this IAPDU to update the function point/lines of code analysis for RIBridges. The CMS allocation remains the same, however, a few of the human service program allocations were slightly revised for SFY 2017 and FFY 2017. Please reference

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the approved July 2015 approved submission language. Rhode Island has provided the Cost Allocation Plan table below for reference.

*Table 11: Revised FFY 2017 DDI Cost Allocation Summary*

FFY 2017 DDI Allocation Summary	
Medicaid and Common	89.521%
TANF	2.538%
SNAP	3.517%
GPA	1.809%
CCAP	2.053%
SSP	0.562%
<b>Total</b>	<b>100%</b>

Table 11 above represents an update to the planned values using a version of the application as of April 2016. SNAP functionality increased slightly to account for a better understanding of the business and functional requirements for Mass Benefit Replacement SNAP Issuance, Split SNAP Issuance, determine SNAP eligibility for ABAWD regulations, and the real-time ability to query/add/modify the eDRS list of disqualified SNAP recipients (individuals who have violated SNAP program rules anywhere in the nation) and National New Hire. The TANF cost allocation was also revised to accommodate a higher number of lines of code to implement the household composition, eligibility determination and client notices.

*Table 12: RIBridges FFY 2017 DDI Lines of Code Analysis*

Benefiting Programs	Lines of Code	Reference Table	Tables	Rules	Total	%	% Based on New Enhancements
SNAP	310,370	218	34	5,020	315,642	3.69%	3.52%
TANF	223,420	14	42	4,247	227,723	2.66%	2.54%
CCAP	180,370	48	24	3,725	184,167	2.15%	2.05%
MA	479,110	231	47	6,546	485,934	5.67%	5.42%
SSP	50,014	14	23	411	50,462	0.59%	0.56%
SSI Medicaid	53,999	13	9	970	54,991	0.64%	0.61%
GPA	161,000	28	28	1,257	162,313	1.90%	1.81%
Early Intervention	50,246	19	17	976	51,258	0.60%	0.57%
KT-Beckett	52,301	13	9	1,901	54,224	0.63%	0.60%
QHP	68,446	28	16	2,589	71,079	0.83%	0.79%
Shared Services & Common	6,903,205	1,301	2,504		6,907,010	80.64%	76.98%

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	<b>Sub Total</b>	<b>8,564,803</b>	<b>100.00%</b>	<b>95.45%</b>
Anticipated LOC	<b>408,178</b>	408,178		4.55%
	<b>Grand Total</b>			<b>100.00%</b>



**12. SECURITY, INTERFACE, DISASTER RECOVERY, AND BUSINESS CONTINUITY PLANNING**

There are no changes to this section in this IAPD-U. Please reference the April 2012 approved submission language.

**13. CONDITIONS AND STANDARDS FOR RECEIPT OF ENHANCED FFP**

There are no changes to this section in this IAPD-U. Please reference the April 2012 approved submission language.

**14. IAPD REQUIRED FEDERAL ASSURANCES**

The state should indicate by checking “Yes” or “No” whether or not it will comply with the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations.

The state should provide an explanation for any “No” responses.

42 CFR 433.112 Section	Y/N/NA
b (1)	N/A
b (2)	Y
b (3)	Y
b (4)	Y
b (5)	Y
b (6)	Y
b (7)	Y
b (8)	Y
b (9)	Y
b (10)	Y
b (11)	Y
b (12)	Y
b (13)	Y
b (14)	Y
b (15)	Y
b (16)	Y
b (17)	Y
b (18)	Y
b (19)	Y
b (20)	Y
b (21)	Y

b (22)	Y
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Below, Rhode Island has provided further justification for items 10, 11, 12, 13, 14, 18, and 20 from the above list.

10. Use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming, available in both human and machine readable formats.

RIBridges is built using proven standard software development methodologies and leveraged industry accredited application architecture, design and data patterns, thus by addressing the core quality attributes of systems like Scalability, maintainability, availability and extensibility. RIBridges is built by leveraging various architecture building blocks by clearly classifying system requirements into business and technical modules and well defined interactions between them through interface standards. In principle, the same architectural guidelines were applied and implemented even to communicate with external and third party interfaces.

Key Modules of RIBridges includes Collection of Individual / Household information, Eligibility Determination, Enrollment and Correspondence with citizens. Each of these modules were developed using industry standard design patterns including MVC, SOA, Separation of concerns by leveraging Oracle Policy Automation to author and maintain Business Rules, and HPExstream as a correspondence engine. Each of these modules interact through well-defined SOAP based web services and in process API's appropriately. Backing all these modules are the key business domain objects designed and developed based on open architectural standards of Model Driven Architectures. "Model" is also realized as a relational database in the overall system. As part of business transactions interactions with third party agencies like CMS – Federal Data Hub calls were also leveraged through standard and well defined set of SOA based interfaces. An appropriate balance was struck to keep different technical components loosely coupled and tightly integrated thus by addressing the key requirements of architecture best practices.

11. Align to, and advance increasingly, in MITA maturity for business, architecture, and data.

RIBridges Solution is built to align with the MITA framework and assists DHS with continuing to enhance the MITA maturity level. The RIBridges solution adheres to MITA objectives of the adoption of data and industry standards, promotion of secure data exchanges and reusable, modular components.

Service-oriented architecture:

Common functionality and capabilities (services) are packaged with standard, well defined "service interfaces" that provides agility and functionality that is formally described and can be

invoked using a published “service contract,” allowing connections between RIBridges and multiple programs. Users of services need not be aware of “what is under the hood.”

#### Adaptability and Extensibility:

The encapsulation of business rules allows DHS to add new functionality and capabilities to existing programs and adapts to allow for the addition of new programs. The RIBridges solution is built on SOA architecture that provides extensibility to connect with other programs, addresses your current eligibility needs, and provides a foundation for meeting future eligibility needs.

#### Hub architecture:

Data is described using standard definition formats that map the data to standard data elements where appropriate, and provide the data descriptions when the data elements are non-standard. Security and privacy access rules for each data element are represented in a standard way. A collection of utility services at hubs will read the data descriptions and the security and access rules and use that information to “expose” the data to users who qualify for access and to receive and process their queries.

#### Performance measurement:

These performance metrics make it possible to track changes in programs and policies and evaluate corresponding changes in eligibility determination and benefit calculation.

12. The agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: The HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

RIBridges conforms to 508 accessibility standards to provide greater accessibility for individuals with disabilities. The system is tested through standard accessibility validation tools including Total Validator and JAAS. Keyboard Accessibility, Screen Reader JAWS, Color Accessibility and Wave Error Testing were part of the assessment. Also, a Business Associate Agreement is integrated into the State's contract with its service vendor. The BAA details specific obligations, protocols and procedures for maintaining compliance with HIPAA standards. The BAA was updated to reflect modifications to the HITECH Act.

13. Promote sharing, leveraging, and reuse of Medicaid technologies and systems within and among States.

To the extent possible in light of project priorities to stabilize the current system, the state will endeavor to promote sharing, leveraging and reuse of Medicaid technologies and systems within and among states.

14. Support accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.

Current stabilization efforts are focused on improving accuracy and timeliness of benefit determinations.

18. The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality.

The state is actively managing its contract with the system integration vendor to stabilize and improve the system.

20. Systems and modules developed, installed or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.

A critical project in the stabilization effort with the system integration vendor includes the development of a new document repository and a rebuild of the system documentation.

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**APPENDIX A Medicaid Detailed Budget Table**

**Medicaid/CHIP Detailed Budget Table  
 Covers Federal Fiscal Years 2012-2018**

These tables include all previously approved funds covering these Federal fiscal years for Medicaid/CHIP eligibility and enrollment funding

	Medicaid Share (90% FFP) DDI 28A & 28B†	State Share -10%	Medicaid Share (75% FFP) DDI (COTS) 28A & 28B†	State Share -25%	Medicaid Share (75% FFP) M&O 28C & 28D†	State Share -25%	Medicaid Share (75% FFP) M&O E&E Staff 28E & 28F†	State Share -25%	Medicaid ENHANCED FUNDING FFP Total	State Share Total	Medicaid ENHANCED FUNDING (TOTAL COMPUTABLE)
FFY 2012	15,345	1,705	-	-	-	-	-	-	15,345	1,705	17,050
FFY 2013	7,746,609	860,735	-	-	-	-	-	-	7,746,609	860,735	8,607,344
FFY 2014	27,555,669	3,061,742	4,050	1,350	5,734,322	1,911,440	1,725,553	575,184	35,019,594	5,549,716	40,569,310
FFY 2015	34,626,319	3,847,370	104,528	34,843	12,647,342	4,215,780	915,769	305,257	48,293,958	8,403,250	56,697,208
FFY 2016	63,618,967	7,068,772	-	-	18,077,104	6,025,702	891,638	297,213	82,587,709	13,391,687	95,979,396
FFY 2017	39,142,434	4,330,048	864,750	288,250	13,598,676	4,547,226	5,276,649	1,758,883	58,882,509	10,924,407	69,806,916
FFY 2018	45,571,279	5,063,475	493,422	164,474	12,007,087	4,002,362	3,649,077	1,216,359	61,720,865	10,446,670	72,167,535
Total FFY 2012-2018	218,276,622	24,233,847	1,466,750	488,917	62,064,531	20,702,510	12,458,686	4,152,896	294,266,589	49,578,170	343,844,759

	Medicaid Share (50% FFP) M&O E&E Staff 28G & 28H†	State Share -50%	Medicaid Share (50% FFP) General 29†	State Share -50%	Medicaid NOT ENHANCED FUNDING FFP Total	State Share Total	Medicaid NOT ENHANCED FUNDING (TOTAL COMPUTABLE)
FFY 2012	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2013	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2014	\$ 622,143	\$ 622,143	\$ -	\$ -	\$ 622,143	\$ 622,143	\$ 1,244,286
FFY 2015	\$ 372,814	\$ 372,814	\$ -	\$ -	\$ 372,814	\$ 372,814	\$ 745,628
FFY 2016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2017	\$ 134,021	\$ 134,021	\$ -	\$ -	\$ 134,021	\$ 134,021	\$ 268,042
FFY 2018	\$ 84,391	\$ 84,391	\$ -	\$ -	\$ 84,391	\$ 84,391	\$ 168,782
Total FFY 2012-2018	\$ 1,213,369	\$ 1,213,369	\$ -	\$ -	\$ 1,213,369	\$ 1,213,369	\$ 2,426,738

	CHIP FFP %	STATE %	CHIP FFP Share 33†	State Share	CHIP Total
FFY 2012	66%	34%	\$ -	\$ -	\$ -
FFY 2013	66%	34%	\$ 463,807	\$ 238,931	\$ 702,738
FFY 2014	66%	34%	\$ 587,656	\$ 302,731	\$ 890,387
FFY 2015	66%	34%	\$ 836,522	\$ 393,165	\$ 1,229,687
FFY 2016	88%	12%	\$ 2,266,377	\$ 300,592	\$ 2,566,969
FFY 2017	88%	12%	\$ 587,715	\$ 77,949	\$ 665,664
FFY 2018	88%	12%	\$ 156,886	\$ 20,808	\$ 177,694
Total FFY 2012-2018	66%	34%	\$ 4,898,963	\$ 1,334,176	\$ 6,233,139

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	Medicaid ENHANCED FUNDING FFP Total	Medicaid NOT ENHANCED FUNDING FFP Total	CHIP FFP Total	TOTAL FFP	STATE SHARE TOTAL	APD TOTAL (TOTAL COMPUTABLE)
FFY 2012	\$ 15,345	\$ -	\$ -	\$ 15,345	\$ 1,705	\$ 17,050
FFY 2013	\$ 7,746,609	\$ -	\$ 463,807	\$ 8,210,416	\$ 1,099,666	\$ 9,310,082
FFY 2014	\$ 35,019,594	\$ 622,143	\$ 587,656	\$ 36,229,393	\$ 6,474,590	\$ 42,703,983
FFY 2015	\$ 48,293,958	\$ 372,814	\$ 836,522	\$ 49,503,294	\$ 9,169,229	\$ 58,672,523
FFY 2016	\$ 82,587,709	\$ -	\$ 2,266,377	\$ 84,854,086	\$ 13,692,279	\$ 98,546,365
FFY 2017	\$ 58,882,509	\$ 134,021	\$ 587,715	\$ 59,604,245	\$ 11,136,377	\$ 70,740,622
FFY 2018	\$ 61,720,865	\$ 84,391	\$ 156,886	\$ 61,962,142	\$ 10,551,869	\$ 72,514,011
Total FFY 2012-2018	\$ 294,266,589	\$ 1,213,369	\$ 4,898,963	\$ 300,378,921	\$ 52,125,715	\$ 352,504,636

	Project Total*	Medicaid/CHIP Allocation Amount	Medicaid Allocation Percentage	Medicaid Allocation Amount	CHIP Allocation Percentage	CHIP Allocation Amount	Exchange Grant Share*
FFY 2012	\$ 17,050	\$ 17,050	100%	\$ 17,050	0%	\$ -	0.00%
FFY 2013	\$ 17,713,402	\$ 9,310,082	49%	\$ 8,607,344	4%	\$ 702,738	47.43%
FFY 2014	\$ 66,075,020	\$ 42,703,983	63%	\$ 41,813,596	1%	\$ 890,387	29.33%
FFY 2015	\$ 81,116,784	\$ 58,672,523	71%	\$ 57,442,836	2%	\$ 1,229,687	16.88%
FFY 2016	\$ 117,129,442	\$ 98,546,365	82%	\$ 95,979,396	2%	\$ 2,566,969	0.00%
FFY 2017	\$ 79,052,143	\$ 70,740,622	89%	\$ 70,074,958	1%	\$ 665,664	0.00%
FFY 2018	\$ 82,468,657	\$ 72,514,011	88%	\$ 72,336,317	0%	\$ 177,694	0.00%
Total FFY 2012-2018	\$ 443,572,498	\$ 352,504,636	78%	\$ 346,271,497	1%	\$ 6,233,139	11%

\* Please note that total project costs, human services, and exchange-allocated costs are for informational purposes only. Please put N/A if this does not apply.

†MBES Line Item	
28A	E&E - Title 19 (Medicaid) DDI- In-house Activities
28B	E&E - Title 19 (Medicaid) DDI- Contractors
28C	E&E - Title 19 (Medicaid) Software/Services/Ops- In-house Activities
28D	E&E - Title 19 (Medicaid) Software/Services/Ops- Contractors
28E	E&E - Title 19 (Medicaid) Eligibility Staff- Cost of In-house Activities (staff who makes eligibility determinations)
28F	E&E - Title 19 (Medicaid) Eligibility Staff- Cost of Private Sector (staff who makes eligibility determinations)
28G	E&E - Title 19 (Medicaid) Eligibility Staff- Cost of In-house Activities (staff whose duties are related to eligibility, such as outreach, plan enrollment, etc.)
28H	E&E - Title 19 (Medicaid) Eligibility Staff- Cost of Private Sector (staff whose duties are related to eligibility, such as outreach, plan enrollment, etc.)
33	E&E - Title 21 (CHIP) Administration
49	E&E - Title 19 (Medicaid) Other Financial Participation

FFP rates for specific activities and costs can be found at 76 FR 21949, available at <https://federalregister.gov/a/>

## **ATTACHMENTS**

### **Attachment A: FFY Budgets by Funding Source**

Please see Attachment A as part of the submission package.