

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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Revisions have been made in response to questions or conditions included for the FFY 2018, Quarter 3 submission.

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1. EXECUTIVE SUMMARY

To comply with the Patient Protection and Affordable Care Act of 2010¹ (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

¹ 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.

- 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.
- m) August 2017 – This IAPD update includes a reforecasted FFY 2017 budget, and updated budget forecast for FFY 2018. The changes in cost reflects the Project Runway developed

by the state to stabilize the system, and begin transitioning activities more toward maintenance and operations starting in FFY 2019. Absent from the costs are a budget for the system integration vendor for FFY 2018 and FFY 2019. The state is engaged in negotiation with the vendor and will formally submit an updated IAPD as negotiations move closer to contract amendment. Contract amendments will be submitted in advance to CMS and FNS for approval prior to execution. Please note that the costs are not represented in the budget as zero, but are to be determined pending negotiations.

- n) Update - October 2017 – On October 27, 2017 Rhode Island submitted responses to two outstanding and one new condition of FNS as outlined in their October 6, 2017 letter in which conditional approval was provided for FFY17 and Q1 FFY18. These responses are under review by FNS, to be completed within sixty days of submission by the state.
- o) Update - November 2017 – This submission responds to questions and conditions from CMS and FNS in their past conditional approvals of contract amendments and IAPD-U It includes updated cost-allocations, a re-forecasted 2018 budget, and an updated, projected 2019 budget. Total costs through federal fiscal year 2017 are projected to be \$342M. The total projected costs through federal fiscal year 2018 increased from \$404 million to \$407.6 million since our August IAPD submission. This change reflects adjustments made to personnel and vendor forecasts, as well as cost-allocation changes. The new submission also includes federal fiscal year 2019 cost projections, bringing the total project cost to \$491.7 million. The state continues to monitor Deloitte’s work closely, and will continue to not pay them until the system is stabilized and complete. For federal fiscal year 2018, the projected amount to be paid to Deloitte is zero. State leadership negotiated a total credit from Deloitte of \$58.6 million, which will provide for maintenance and operations through June of 2018 and will offset additional, unanticipated costs from personnel and contractors related to supporting implementation of the system. Please review Section 2 to find State responses to CMS and FNS questions and conditions, except for description of cost allocation methodology changes, which can be found in Section 11.
- p) Update – March 2018 – This revised IAPD-U is intended to provide clarifications and updates regarding CMS and FNS questions towards securing approval for FFY Q3 and Q4 funding. The State must be successful in the following areas which are addressed in subsequent sections:

Making meaningful progress towards system stabilization, including: <ul style="list-style-type: none"> - a plan to reach stabilization and reduce defect levels; - a delivery schedule for completion of the HIX/IES system 	Section 9
Strengthening IT operations and project oversight to positively impact: <ul style="list-style-type: none"> - The risk of delayed delivery of functionality, or - of issues with quality in implementation 	Section 7

Implementation of the target operating model	
Validation of specific costs and cost allocation methodologies	Sections 10 and 11
Consolidated summary of contract support	Section 6

- q) Update – April 2018 – This revised IAPD-U is intended to respond to questions after the March 12, 2018 submission and to address conditions contained within the March 30, 2018 approvals from CMS and FNS. This submission is requesting approval of the FFY 2018 4th quarter.

2. RESULTS OF ACTIVITIES INCLUDED IN THE IAPD

The previous IAPD-U submission provided timely updates in this section relevant to questions by CMS and FNS prior to the November 30, 2017 submission. To the extent possible, the State is working to provide progress and results to CMS and FNS using operational and executive reporting that is actively in use to manage the project.

As CMS and FNS continue to make progress in developing a standard reporting template, the State will work to align active operational and executive reporting on results and progress. In the meantime, the State is providing updates through sharing active project reports and documents and in providing narrative responses where needed.

Several high-level questions and points of clarification by CMS and FNS are pending and the State is providing clarifications through this IAPD-U submission and through other communications. Where relevant responses have been provided to CMS and FNS outside the IAPD-U submission, they will be referenced herein. Since the November 30, 2017 IAPD-U submission, CMS and FNS have provided short-term conditional funding approvals dependant on the State addressing the following high level questions:

- The state must make meaningful progress toward system stabilization
- IT operations and project oversight must be strengthened, including progress in developing a Target Operating Model
- Cost and cost allocation methodologies and costs must be validated

Meaningful Progress Towards System Stabilization

While more detail on ongoing project plans for stabilization can be found later in this document (in Section 9), most recent technical metrics show progress over the last three months. The total number of incidents, defined as any event which is not part of the standard operations of system or service, peaked after a change freeze for open enrollment at 7649 at the beginning of December. That number at the beginning of March is now 4249, a 44% decrease. While we must

see this trend continue, it is heartening to see that even as we have picked up the frequency of releases, we have not seen continued influx of incidents two weeks after a release. A renewed focus on any incident blocking benefits, detailed in Section 7, is also warranted to ensure that benefits are delivered in a timely and accuracy manner even as the Vendor works on underlying code fixes to fix any issue permanently. Please reference Section 9 for more detail on the State's plan to reach system stabilization, reduce defects and for a delivery schedule towards completion of the system.

IT Operations and Project Oversight

Please see Section 7 for an in depth review of Key Performance Indicators (KPIs) as a driver of progress, and project oversight changes in the following areas: Organizational; Process and Governance; Test Planning and Operation; Rapid Response Command Center 2.0; Operational Readiness; Reporting; and Deloitte Staff Changes.

Cost and Cost-Allocation Methodologies

Please see Sections 10 and 11 as well as Appendix C and E for detailed changes. Overall the State has responded to questions by CMS in these sections, including a revision to the budget, cost allocation tables, provision of a quarterly breakdown of costs and in providing a breakdown of the dollar figures by funder.

MITA Assessment

MITA efforts reported in the previous IAPD-U submission are ongoing. Current MITA efforts are part of the Medicaid Eligibility & Enrollment Toolkit (MEET), specifically within the E&E Life Cycle as an activity. MITA 3 (the version we're now doing) is the source of several of the System Review Criteria Line items. The MEET and the MEET Checklist are required when the State seeks to certify its eligibility and enrollment system(s). Certification would be sought and the toolkit engaged in preparation for a re-procurement of the MMIS.

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.

This IAPD-U planning document provides more detail on the work that remains to be completed in order for the State in order to accept the RI Bridges system. While this IAPD-U references specific functionality that the State and Deloitte believe must be fixed or delivered to achieve system acceptance, we have also laid forth measurable criteria for system acceptance. These

include eligibility accuracy, notice accuracy, payment accuracy, federal compliance, and substantial reduction in blocking benefits by the system.

To facilitate planning and prioritization, we have worked to prioritize any defect or change required to meet these acceptance criteria. If it is not yet explicitly planned, but is required to meet acceptance criteria, the State and Deloitte are committed to delivering this functionality.

Further, the rollout of RI Bridges has generated operational challenges for impacted departments, in particular leading to backlogs of work. We have prioritized technology changes to facilitate the processing of work in the system that are detailed more specifically in Section 9. Additionally, the State is making separate operational improvements, particularly in hiring, to address existing backlogs. While operational change is challenging, we remain committed to this part of our stabilization efforts and are pleased with the efforts of our Vendor to assist the State in operational change to make the best use of RI Bridges.

To help ensure that all required medical work is being performed, in February 2018, In February 2018, 18 new Eligibility Technicians were hired. This cohort of staff were trained in MAGI/Medical programs and processing. They are actively working request for benefits, recertification and verification task with supervisory approval. We are currently recruiting and anticipate hiring an additional 11 Eligibility Technicians. This is only the medical subset of hiring being done to ensure that DHS is adequately staffed.

4. REQUIREMENTS ANALYSIS, FEASIBILITY STUDY, AND ALTERNATIVE CONSIDERATIONS

This IAPD-U is focused on stabilization of the existing system. As such, our focus is on meeting existing requirements.

5. COST BENEFITS ANALYSIS

There are no changes to this section in this IAPDU at this time. Re-assessment of cost benefit analysis is dependent on completing stabilization efforts, bringing the system into full compliance 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 IAPD-U seeks funds for stabilization and recovery efforts. The nature of the work since the UHIP recovery effort began in January 2017 and for the remainder of FFY 2018 and FFY 2019 will be focused in IT delivery and quality, compliance, staffing and training, governance, operations and stakeholder engagement.

Broadly, the vision for the enterprise supported by this IAPD is to achieve an integrated approach for timely access to and delivery of health and human service benefits. Key goals in support of this vision are to deliver results in the following areas:

- Efficient and dignified service delivery for customers, clients, providers and stakeholders
- Create a user friendly and streamlined experience, including a “No Wrong Door” approach
- Empowerment and support of management, staff and workers
- Compliance assurance through improved monitoring and control, and increased audit compliance

The state has engaged state staff and vendors to support the overall recovery efforts and to support project management. The following provides an overview of the scopes of work for contractors serving the State.

Automated Health Systems (AHS)

AHS provides call center and walk in center services, providing telecomm and CRM technology to fully support the Contact Center work. This includes logging escalations for system related issues and supporting issue resolution efforts, including higher volumes and longer call times related to issues with RI Bridges and UAT.

Conduent

Conduent provides implementation support for RI Bridges including:

- Reviewing data for the purpose of federal claiming
- Reviewing RIBridges transactions to assess correct eligibility determinations
- Reconciling program eligibility and enrollment decisions.

CSG Government Solutions (CSG)

Perform ongoing program IV&V in compliance with 45 CFR, 95.626 and the Medicaid Eligibility and Enrollment Life Cycle; monthly and quarterly application, database and network security assessments; security source code scan and analysis, and year 2 MARS-E 2.0 annual attestation. Note that work stopped on 12/31/17 and resumed on 2/15/18 after federal contract approval and contract execution.

Deloitte

Deloitte is the eligibility system integrator for ACA health coverage, medicaid and human service programs in the State of Rhode Island. In this role, Deloitte is responsible for Design, Development and Implementation (DDI), Maintenance, and Operations including the following:

- Architecture and infrastructure
- Production hosting
- Electronic data collection and rules engine
- Plan management
- Implementation support
- Training

Note that no funds are budgeted due to the fact that services will be funded through the Deloitte credits.

DXC

DXC is the EOHHS Medicaid Fiscal Agent, managing the Core MMIS (Medicaid Management Information Systems) and ancillary systems. As such, a portion of the DXC contract allows for implementation support for transactions between RI Bridges and the MMIS system, including issue identification, analysis and tracking to resolution.

Faulkner Consulting Group (FCG)

Support for the system roll out and stabilization for MAGI Medicaid and commercial insurance programs, including:

- 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 reported through customer facing channels and determining solutions

Freedman

Freedman HealthCare provides data management services including:

- 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
- 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

IBM

IBM executed a data quality analysis as well as a technical architecture assessment. In addition, IBM provides IT staff augmentation support to assist the state's stabilization efforts. Key areas of activity include the following:

- Assist the state in developing an enhanced problem analysis process to accelerate problem resolution
- System architecture issue analysis and project oversight, including improving planning for software and hardware upgrades
- Improve the defect tracking process
- Support theme development
- Inventory gaps and problem areas in the RI Bridges system
- Provide Subject Matter Expertise and business analyst support in issue identification and resolution as well as quality assurance in DDI
- Release management

KB Makers

Strategic, executive consultation on IT vendor re-procurement, IT contract oversight and IT operations. KB Makers will advise State executives and project leaders regarding ongoing operations, stabilization, and improvement of the UHIP system. KB Makers provides consulting and negotiation services related to contracts with and services provided by vendors. No FNS federal funds will be charged for services after 1/20/2018 until the amendment is approved by FNS.

KPMG

KPMG supports the state through technical assistance in the following areas: User Acceptance Testing (UAT), implementation support and in governance. UAT services are inclusive of test planning, test case and data provision, testing oversight and management and reporting. Implementation support services provide assistance to agencies managing ongoing RI Bridges system issues, including verification and escalation support, development and implementation of an issue escalation process and quality assurance. Governance support extends to the development of a target operating model and road map to the same for program change in coordination with the IT operating model.

MWC Consulting (MWC)

MWC provides central leadership for IT activities related to the stabilization of the RI Bridges system. Neither CMS nor FNS federal funds will be charged for MWC services until the contract and amendments have been approved by CMS and FNS respectively.

Northrop Grumman (NG)

NG provides supports stabilization efforts of the RIBridges system through IT staff augmentation, Interface UAT and enhanced maintenance of the legacy system. For staff augmentation, NG provides validation of RIBridges deliverables, escalation and prioritization support, and subject

matter expertise (Business, Technical Analysts and Project Managers). For UAT, NG provides quality assurance for interface code being deployed and executes validations of dry runs of various interim business processes. Multiple InRhodes environments are maintained in support of stabilization efforts for RI Bridges including issue identification for converted data and for issue triage and root cause analysis.

Public Consulting Group, Inc. (PCG)

PCG supported RIBridges implementation through December 31, 2017 providing project management support.

Sourcing Advisor

The state has issued an RFP for Sourcing Advisory Services. The purpose of this solicitation is to acquire Advisory Services to assist the State in the procurement of an M&O vendor who will commence services on April 1, 2019. The advisor will assist the State through the competitive bid process, including: preparation of the RFP; advising the technical evaluation team; and aid in transition to a new M&O contract.

7. PROJECT MANAGEMENT PLANNING AND PROCUREMENT

The State continues to make changes to project governance and oversight of the IES vendor in particular, notably in the areas of Key Performance Indicator (KPIs), 'Theme' development and various organizational and project management improvements.

Key Performance Indicators

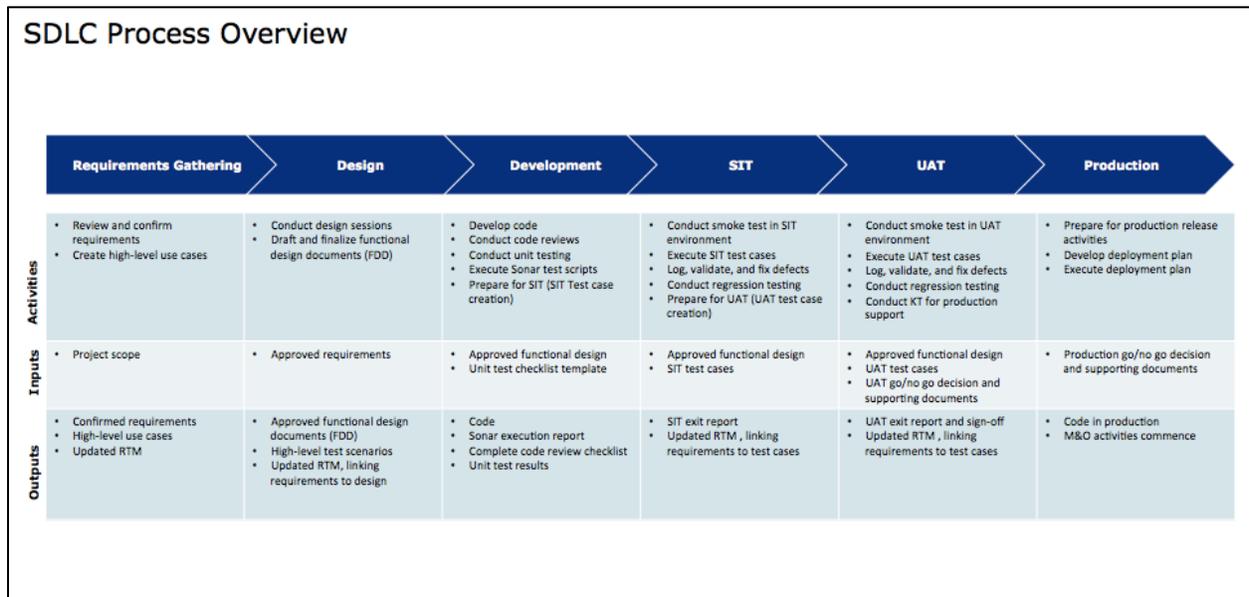
To measure progress towards stabilization, we have developed executive Key Performance Indicators (KPIs) that were designed in the Spring of 2017. These indicators were developed with two purposes in mind: to show the health of the system (from an IT perspective); and to show the work of the system to be performed. In this frame, we developed two dashboards, executive and operational.

The executive dashboard (see screenshot below) combines technology metrics, like one-touch processing with operational metrics, like the size of backlogs, to show a one shot view of how well the "business" is performing with support from the IT. After issues were discovered with the data feeding this metrics, the State and Vendor began re-refreshing these metrics, with a current targeted delivery date of end of March. Additional KPI work continues through June to expand workload management KPIs to included more work that must be performed in the system, and provide more specific views on how workers are interacting with the system.

In addition to these metrics, the State and Deloitte are working on measures for eligibility accuracy, notice accuracy, and benefit blockers. These design discussion are projected to start this month (March 2018) and continue through June.

Software Development Life Cycle

The State is working with Deloitte to improve implementation on the consistent execution of process and standards, including the gates of the Software Development Life Cycle (SDLC) process. The SDLC is defined in the IT Operating model as follows:



A focus area within SDLC for continuous improvement are the gates between testing phases. The project has entrance and exit criteria defined for Unit, SIT and UAT testing. The entry/exit criteria for UAT listed below is an example included in the approved Phase 2 Detailed Test Plan:

User Acceptance Testing (UAT)	
Entry	<ol style="list-style-type: none"> Software is ready and available for UAT SIT exit criteria has been met and/or State has agreed to defer open SIT items and proceed with UAT UAT environment readiness has been confirmed Resources have been identified and prepped Test scenarios, test cases, and test steps have been completed Test data is available Access to the UAT environment and necessary user setup has been completed.

Exit

1. Test cases have been executed and passed (or deferred to a future release, if approved by State)
2. Mutually agreed upon Severity 1-Critical or Priority 1-Critical work requests identified 30 days before the planned end of UAT have been tested and closed. Anything identified within 30 days of the planned end of UAT will be assessed during pilot and for production readiness (including other alternative options) to maintain the stability and integrity of the application
3. Severity 2-High or Priority 2-High work requests not fixed during UAT have been reviewed and deferred by the State (i.e. acceptable to launch with these work requests outstanding).
4. UHIP functionality delivered for Iteration 7 has been validated and signed off by the State from a UAT perspective in order to move into Pilot

Themes

Since January 2018, the State and Deloitte have worked to change the prioritization of functionality to be delivered or fixed to better align with the acceptance criteria enumerated in Section 3. While previous efforts were successful in delivering a large amount of deferred functionality and significant changes to the customer portal and worker portal in calendar year 2017, an amended approach was necessary to prioritize at a programmatic level, particularly with regard to existing defects in production (problem tickets).

The primary way in which we will prioritize work moving forward is through “themes.” Themes are collections of defects and changes required to achieve a defined business outcome. For example, to completely ensure that MPP notices are timely and accurate, we may need to address a sequence of problem tickets currently logged in JIRA (our system of record) and solution them together. These themes provide the backbone of our release plan to ensure we understand the expected business impact. If deficiencies must be resolved across multiple releases, we are better able to track to complete resolution.

The State and Deloitte have defined priority themes for releases that are detailed in Section 9. Most previously scheduled work prioritized and put on the project runway, with some changes being required to slot more critical compliance items into available release windows. While the State and Deloitte believe that we were diligent in the collection and prioritization of deficiencies remaining to be corrected, in the event that something has been missed, we will develop a theme around that functionality and prioritize it appropriately. JIRA remains the source of all defects and changes required or requested by the State so nothing that has been logged has been lost.

Governance

Governing bodies have changed over time as the State endeavors to continuously improve project performance and include the following IT operating model and program groups:

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- UHIP Steering – Executive alignment across State government stakeholders.
- UHIP Leadership Team – Guide overall project management and oversight.
- UHIP Finance – Provide oversight and accountability for budget, finance, and resource management.
- Interagency Operations – Coordinate activities across agencies to meet programmatic objectives; and coordinate interagency project-based work.
- Project Management Office - Maintain project method(s), tools and standards, policies and compliance; Produce and distribute project reporting and communications; Maintain project document repository.
- Change Review Board - Review project changes in terms of their impact to the baseline schedule, cost, scope, and quality versus their expected benefits or necessity to stay aligned with the project’s business objectives; Responsible for reviewing and approving new projects/initiatives and BRRs, reviewing impact analysis, resolving conflicts related to defects vs. enhancements, approving the release schedule, approving new service requests.
- Maintenance Prioritization Committee - Prioritize tickets for upcoming releases; Use M&O leadership’s criteria to identify one consolidated, prioritized list from all M&O stakeholders; Confirm success of releases and fixes to incidents and problem tickets.
- Release Planning Committee - Manage the project and maintenance release schedule; Work with the project leads, M&O leads, and governance boards to incorporate approved changes to the schedule; Drive the end-to-end release processes, including release procedures and controls, and release notes.
- Data Review Board - Confirm the accuracy and consistency of system data; Maintain the logical data model & data dictionary; Review changes to data structures for impacts to the overall project.
- Architecture Review Board - Confirm that project technical architecture meets enterprise standards and policies; Enforce reference architecture and standards; Review and approve changes to project architecture.
- Issue Resolution Committee - Review escalated risks and issues; Work with stakeholders to define, document, and monitor steps to resolution.
- Technical Change Control Board - Review Technical/Security Change Control tickets approved by Internal Technical Review Board; Review SIT and UAT results; Finalize and lock down the Production implementation window; Generate a list of tickets approved by State IT Operations Lead.
- Operational Control Board (OCC) - Responsible for reviewing and monitoring capacity metrics, timing of major upgrades, DevOps and Infrastructure Operations, Security Operations, and Architecture Operations

In addition to the institution of this ITIL-based governance model, Over the last two months, the State and Deloitte have made improvements to project management and execution to improve our ability to deliver this functionality in an effective and timely manner. This section outlines

these improvements. The State and Deloitte will continue to implement these items, formalizing them as necessary, and making continuous improvements to our management and execution.

A. Organizational

With the addition of Chris Colen as the UHIP IT Lead, the State has made additional organizational changes within the IT structure to better support the business and delivery of the system. These additions include: 1) Stabilization Lead, responsible for all stabilization activities, in particular defect fixing across agencies, and will be charged with overseeing theme development, problem and solutions management; 2) Enterprise PMO Lead, responsible for UHIP project governance, project planning, tracking reporting, issue and risk management and managing the software development lifecycle; 3) Business Analyst Lead, responsible for coordinating business analysts across the project to support State program administrators to develop themes, build requirements, understand impacts of deficiencies and help translate requirements into functional designs. The individuals in these roles bring with them significant IT experience.

B. Process and Governance

While the fundamental meeting structure of IT governance in place with Deloitte since April 2017 remains in place, the introduction of themes and theme-based prioritization necessitates modification to this process. Maintenance Prioritization Committee (MPC) now is the primary prioritization committee, with Change Review Board serving in a contractual role to formally approve hours. MPC is the formal committee where themes are reviewed and prioritized for release across defects and changes. To that end, we have introduced the concept of “gates” that will validate the team has completed the necessary inputs that are required to enter the next phase of the software development lifecycle. We believe that this will increase control on what fixes and changes get introduced together, how they are designed, developed, tested and deployed. Further Solutioning is being done earlier which will lead to more predictability for each release and should reduce significant scope changes late in the SDLC cycle. Finally, our existing problem management meetings, generally held for each program, are being converted in to solutioning meetings where teams meet regularly to focus on understanding requirements and design for each theme, and prioritize additional items as necessary.

C. Test Planning and Automation

Deloitte and the State have introduced a test planning tool which is capturing the scope of both SIT and UAT testing including the scenarios and scripts to be executed. Planning meetings are being held on a weekly basis with the IT Leadership team to discuss testing coverage for each release and to review overall progress and surfacing issues / challenge being faced by the testing teams.

The State and Deloitte are making changes to test planning and execution to improve quality before delivery. Deloitte has brought a best practice set of core regression test scenarios to

validate the system with each release to help prevent “breaking” core functions as fixes and new functionality are released. This core regression test suite will continue to be reviewed and enhanced with input from the State program unit owners to continuously improve the overall coverage of the scenarios. The core regression test scenarios are currently “Manually” operated, but Deloitte is automating them which will allow more comprehensive testing in shorter timeframes. The automation of these scripts is targeted for completion in March and is being iteratively rolled out and used for in-flight maintenance releases where possible. The State is reviewing options for implementing test automation within the UAT process. In addition, the team has an initiative underway to determine how to implement business simulations as an extension of the current UAT testing methods.

D. Rapid Response Command Center 2.0

As we continue to stabilize the system, it is critical that we “unblock” cases and applications where clients are eligible for benefits but the system will not properly distribute such benefits due to deficiencies. To improve in this area, Deloitte has created “Command Center 2.0”, a new rapid response approach which will supply quick fixes (faster than the timeframe of a full SDLC to implement code fixes) for the most urgent case issues preventing benefits. This approach was implemented for SNAP application backlog issues and supported the State in great progress in timeliness. It is now being extended to all application and case blockers.

The new command center is a physical space in the Deloitte office to improve communication between the systems team and the operations teams, provide reporting on system metrics as well as updates on the most urgent system issues and driving the triage on backlogged incidents as well as the rapid resolution for blocking incidents. The State and Deloitte are working to ensure tight interlock between existing “Tier 2” escalation units in the field and the Command Center to make sure that all incidents are tracked in JIRA to be properly triaged and addressed.

E. Operational Readiness

It is critical to program success that our administrators and field staff be ready and able to accept and use any technical changes made in RI Bridges. We believe that the switch to theme based solutioning and release planning will make it easier for “the business” to engage in testing, training and post-release validation because instead of looking at individual tickets, they can test and accept more complete pieces of functionality. Understanding more completely the business functionality to be delivered by the technical team should improve testing, training and adoption. Additionally, the State and Deloitte are piloting a release readiness checklist. This checklist is being reviewed during the weekly release planning governance meetings and is a key input to the Go / No Go Release Meetings. Finally, for the projected May release where functionality will significantly impact field operations, we have set up an integrated project team across the technical and business stakeholders to jointly plan operations, technical, training and site readiness.

F. Reporting Improvements

As we shift to theme based model, we must also shift our project reporting. Executive status reporting has existed since spring of 2017, but was designed to fit the original runway. Therefore, we are in the process of shifting status reporting to an executive project scorecard to track overall progress and status across project releases. This encompasses status as well as risks and issues to provide more visibility to the executive team on the risks/issues that are causing releases to not be on-track. Additionally a new testing metrics dashboard (one for SIT and one for UAT) that will provide more insight into the status of test phases during the cycle to identify quality or problem areas early in the cycle vs. toward the end of a test cycle during the gate review/exit meetings.

G. Deloitte Staff Changes

Deloitte has identified areas where “fresh legs” of staff with recent, relevant experiences would bolster the team and have brought them to the team. This includes a new application development manager to oversee theme development and solutions management, a new applications maintenance lead to oversee defect resolution and command center, and a new program management office lead. Additionally, subject matter experts have been added to the team for certain release plan themes to drive solutions and increase capacity to work on themes, including but not limited to TANF and system architecture. Finally, Deloitte has increased its leadership presence at the India development center to facilitate better collaboration, drive quality and help execute process maturity improvements.

8. PERSONNEL RESOURCE STATEMENT

Please refer to the sections below for a description of staffing requirements and personnel costs, including key personnel. Please also refer to Attachment C – Staffing for a full listing of staff by organization, name, title and cost.

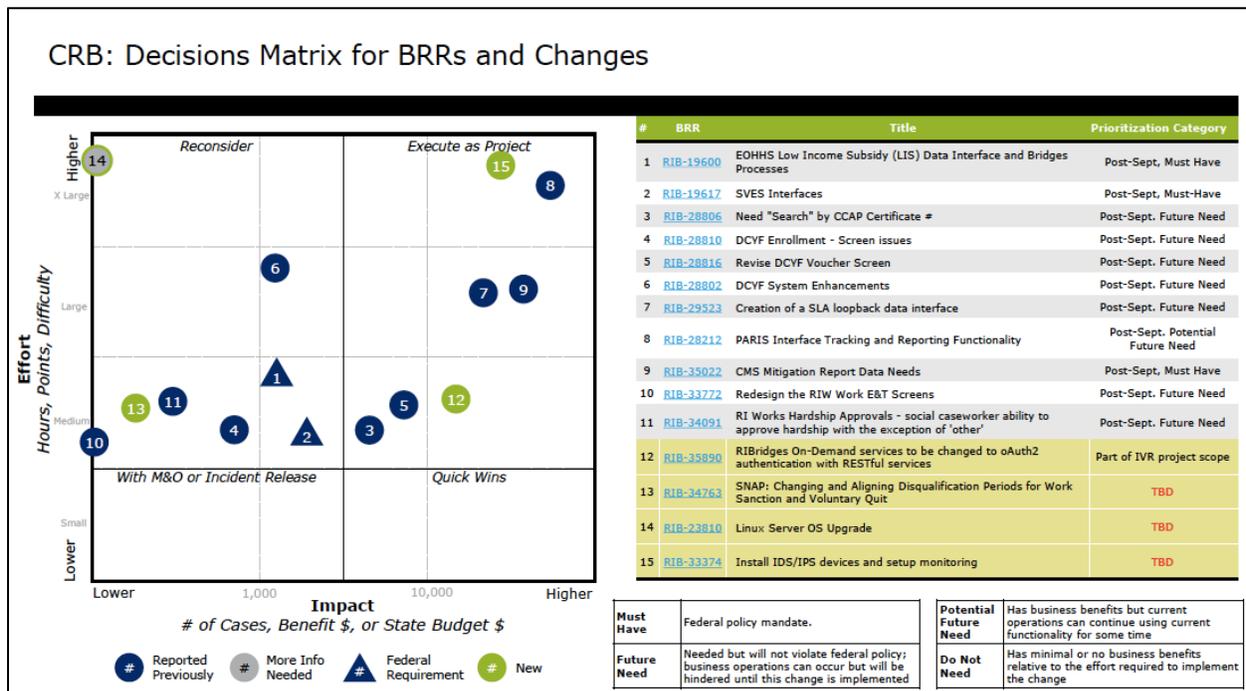
Table 1

Key Personnel	Agency	Title	Responsibilities
Zachary Sherman	HSRI	Director	Leadership
Courtney Hawkins	DHS	Director	Leadership
Patrick Tigue	Medicaid	Director	Leadership
Ken Brindamour	DOIT	IT Executive, Contracted	Oversight of IT project improvement
Benjamin Shaffer	EOHHS	COO	Operations, PMO, KPIs,
Matt Stark	EOHHS	Deputy Director	Finance, Resource & Contract Oversight
Maureen Wu	DOA	UHIP CFO	Budget, APD
Lisa Martinelli	OHHS	In House UHIP Counsel	Legal
Bijay Kumar	DOIT	Chief Digital Officer	Oversight of IT Leadership
Chris Colen	DOIT	IT Executive, Contracted	Lead IT program life cycle and IT project execution
Rosamaria Jones	OHHS	Chief Strategic Planning, Monitoring and Evaluation	Communications

9. PROPOSED ACTIVITY SCHEDULE

The timeline that follows is subject to the revision based on the outcome of the negotiations with Deloitte. The state will work through the formal contract approval and IAPD update process as negotiations proceed.

As negotiations proceed, the state will continue to leverage the IT Operating Model and criteria referenced in sections above and level of effort for changes that are included in the Project Runway, and within the Runway releases. These criteria score changes to the system objectively to ensure that the work we are prioritizing will make the biggest impact possible towards meeting project objectives of system compliance, eligibility accuracy, timeliness, notice and payment accuracy. As the State and Deloitte consider enhancements not related to stabilization efforts and system acceptance, we will utilize other criteria as specified below. Please see screenshot below of a sample evaluation taken from a Change Review Board meeting:



The following definitions are used to help guide decision-making:

- Must Have – Future federal policy mandate
- Future Need – Needed but will not violate federal policy; business operations can occur but will be hindered until this change is implemented.
- Potential Future Need - Has business benefits but current operations can continue using current functionality for some time.

- Do Not Need – Has minimal or no business benefits relative to the effort required to implement the change.

The Timeline

December 1, 2017 – June 30, 2018

Negotiations with the system integration vendor - completed to keep the vendor on the project through at least through June 30, 2018, with an additional contracted work pending for federal approval beyond that date. The State remains committed to working with CMS and FNS to review pending contract amendments.

For this period, M&O work will continue to include hosting the system; hardware and software and operations of the platform, financial services, and routine error fixes and minor enhancements and will continue throughout the timeline.

The State will manage changes to RI Bridges Production environment in order to support Open Enrollment with a stable, non-disruptive environment. A release in March 2018 (originally planned for February) will include final wrap-up of Medicaid caseload management tasks, improvements to the customer portal, and improvements to the Worker Inbox. All remaining notices and interfaces will be completed.

Additional releases are currently planned for April, May and June with the goal of bringing the system into compliance. These releases include defect and changes to add federally compliance functionality, fix defects related to eligibility accuracy and calculations, and improve timeliness and workflow. Additional releases following June will be scheduled should system compliance and acceptance not be reached by the June 30 date.

Assuming that they can be properly executed with quality, these releases are projected to resolve existing problem tickets (defects) to stabilize the system. Deloitte undertook a one time, 4 week, "JIRA Cleanup" exercise in addition to the State's own theme development. This review has allowed Deloitte to group like tickets together and provide greater assurances that defect stabilization can be reached. This review provided further analytical support for theme development. Details of these this cleanup and its outcomes were previously shared with CMS and FNS on February 16, 2018. Additional "theme" materials have been sent in subsequent submissions.

As referenced above, these release plans have been informed by joint State and Deloitte theme development work. Present themes slotted for release include, but are not limited to:

- Medicaid Terminations
- CMS Eligibility Audits
- MMIS Stabilization
- LTSS Notices and Costs of Care

- MPP Notices
- RiteShare Eligibility
- Electronic Data Management
- SHOP
- APTC Enrollment
- 834 transaction to carriers
- Batch exception
- SNAP, RIW, GPA and SSP eligibility
- ABAWD
- CCAP Eligibility and Enrollment
- Data Integrity

Additional themes are in development and being slotted for release dates.

The June 2018 release represents an outer limit by which the system would be fully operational from a compliance perspective. It is possible that the system integrator and the state could reach this standard by the March 2018 Release. But for planning purposes, June is a more conservative estimate.

Vendor has an obligation to finish the System under the Agreement. Submitted contracts for federal review, particularly sections laying out KPIs for acceptance and deficiencies logged, will help the State focus vendor attention and hold vendor accountable to properly finish the system beyond June 2018. Vendor has expressed commitment to the State that if we do not reach system acceptance by June 2018, they are committed to remaining to finish the job.

Another major system change during this period will be a Linux upgrade to resolve a situation wherein the current Linux version will become “end of support.”

July 1, 2018 – September 30, 2018

A potential post-June 2018 release would be focused on any remaining items required to reach system compliance and acceptance, new federal requirements required since original “go-live” and improving the user experience for workers and customers. A key goal will be readiness for November 1, 2018 Open Enrollment. A roadmap for CY19 architectural changes will be developed ensuring that system components can be updated to support mobile optimization, improved security, and rules flexibility.

October 1, 2018 – March 29, 2019

The State will minimize changes to RI Bridges Production environment in order to support Open Enrollment with a stable, non-disruptive environment. M&O work will include hosting the system (hardware and software and operations of the platform, financial services, and routine error fixes and minor enhancements. DDI will include preliminary design and development of an improved version of RI Bridges, slated for release in stages through the first half of CY19.

April 1, 2019 – September 30, 2019

DDI would include testing and deployment of a June 2019 release. The objectives for the release could include: a fully unified architecture; a configurable rules engine; and a modern, user-friendly interface to improve the consumer/client experience, application processing time and self-service targets. These are intended to improve the accuracy of benefits determinations and issuance and to reduce the labor-intensive nature of agency work. Additional DDI could extend to a September 2019 release for any remaining issues from the June release and to ensure that RIBridges has an optimized user experience for Open Enrollment.

M&O work for the period would include hosting the system; hardware and software and operations of the platform, financial services, and routine error fixes and minor enhancements.

10. PROPOSED BUDGET

For this IAPD Update, Rhode Island is asking for federal approval for Q3-Q4 FFY18 project budget that prioritizes investments to accelerate stabilization and recovery. Per request from CMS and FNS the following additions are provided herein:

- An updated breakdown of costs by quarter and by federal agency
- Updates to personnel and vendor budgets based on current information
- Updates to which cost allocation is applied to personnel and vendor budgets based on anticipated work ie. moving some personnel expenses from allocated Medicaid to Integrated Solution.

Tables 1 below shows the overall project budget from the November 2017 IAPD-U submission with DD&I and M&O costs, which has not changed in this submission.

Table 1: November 2017 and March 2018 IAPD-U Summary

IAPD-U April 2018 Version	
	Total Costs
DD&I	
Updated Project DD&I Cost	\$ 315,885,951
M&O	
Updated Project M&O Costs	\$ 175,789,512
Updated Total Project Costs	\$ 491,675,461

As shown in the table above, the overall project budget through FFY19 is estimated to be \$491,748,633 of which \$383,753,634 is the expected federal share and \$107,995,09 is the expected state share.

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

At the request of CMS and FNS, the state has included Attachment D – UHIP Spending by Quarter. This shows a breakdown of total budget by quarter for FFY18 as well as a breakdown of total federal funds by quarter for FFY18. Per the request of FNS, the Budget v Actual file for FFY 17 and FFY 18 is also provided to show a quarterly comparison of budget v actual expenditures by program and federal funds.

Table 6a: Proposed Budget

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

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
Design, Development & Implementation										
State Personnel - training-related	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Personnel - training-related Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Personnel - training-related Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Personnel - training-related Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ 2,881,304	\$ -	\$ -	\$ -	\$ 3,134,606
State Personnel - all other Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 957,540	\$ -	\$ -	\$ 957,540
State Personnel - NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,134,764	\$ 3,949,016	\$ -	\$ 6,083,780
Allocated Medicaid Personnel	\$ 17,050	\$ 230,842	\$ 422,439	\$ 367,121	\$ 1,110,023	\$ 3,111,715	\$ 2,793,475	\$ 4,789,468	\$ -	\$ 12,842,133
Training Personnel - Integrated Solution (75% Medicaid FFP)							\$ 194,289			\$ 194,289
Contracted Services										
Project Management Vendor (PCG)										
Phase 1	\$ -	\$ 1,944,633	\$ 1,730,023	\$ 701,663	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,376,319
Phase 2	\$ -	\$ -	\$ -	\$ -	\$ 528,010	\$ -	\$ -	\$ -	\$ -	\$ 528,010
Project Management Vendor Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 674,055	\$ -	\$ -	\$ -	\$ -	\$ 674,055
Project Management Vendor Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,205,320	\$ -	\$ -	\$ -	\$ 1,205,320
Project Management Vendor Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 275,000	\$ -	\$ -	\$ 275,000
Project Management Vendor NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Technology Implementation Vendor (Deloitte)										
Phase 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ 745,582	\$ 14,393,922	\$ -	\$ -	\$ -	\$ -	\$ 15,139,504
Exchange Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Phase 2	\$ -	\$ -	\$ 20,356,422	\$ 18,184,954	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,541,376
Technology Implementation Vendor Integrated Solution	\$ -	\$ -	\$ -	\$ 6,618,453	\$ 41,788,535	\$ -	\$ -	\$ -	\$ -	\$ 48,406,988
Technology Implementation Vendor Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 5,053,922	\$ 1,469,275	\$ -	\$ -	\$ -	\$ 6,523,197
Technology Implementation Vendor Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Technology Implementation Vendor NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,000,000	\$ -	\$ 8,000,000
Implementation Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,772,402	\$ -	\$ -	\$ -	\$ 1,772,402
Technical Assistance Vendor (PCG)										
Phase 1	\$ -	\$ 134,648	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 134,648
Phase 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IV&V Vendor (CSG)										
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	\$ -	\$ -	\$ 332,260	\$ 494,105	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 826,365
IV&V Integrated Solution	\$ -	\$ -	\$ -	\$ 939,071	\$ 1,662,720	\$ -	\$ -	\$ -	\$ -	\$ 2,601,791
IV&V Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 153,000	\$ 1,708,075	\$ -	\$ -	\$ -	\$ 1,861,075
IV&V Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 450,960	\$ -	\$ -	\$ 450,960
IV&V Integrated Solution NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,239,520	\$ -	\$ -	\$ 1,239,520
InRhodes Conversion and Bridging (NGIS)										
Phase 1	\$ -	\$ 2,021,918	\$ 2,618,425	\$ 1,384,511	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,024,854
Phase 2 (Non InRhodes Revisions)	\$ -	\$ -	\$ -	\$ 2,246,416	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,246,416
Phase 2 (InRhodes Revisions)	\$ -	\$ -	\$ 1,497,155	\$ 897,159	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,394,314
InRhodes Conversion and Bridging Integrated Solution	\$ -	\$ -	\$ -	\$ 355,982	\$ 4,900,664	\$ -	\$ -	\$ -	\$ -	\$ 5,256,646
InRhodes Conversion and Bridging Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 1,137,537	\$ 3,573,635	\$ -	\$ -	\$ -	\$ 4,711,172
InRhodes Conversion and Bridging Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,343,509	\$ -	\$ -	\$ 1,343,509
InRhodes Conversion and Bridging NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,863,466	\$ -	\$ -	\$ 3,863,466

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

Table 6b: Proposed Budget

Contact Center	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Start-up Cost	\$ -	\$ -	\$ 2,214,034	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,214,034
Other Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HPES	\$ -	\$ -	\$ 654,236	\$ 3,019,309	\$ 2,490,663	\$ 2,738,538	\$ 1,944,654	\$ -	\$ -	\$ -	\$ -	\$ 10,847,400
UAT Technology Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ -	\$ -	\$ -	\$ 1,140,311	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,140,311
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ 1,978,834	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,978,834
UAT Technology Support Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
UAT Technology Support Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 20,100	\$ 4,966,914	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,987,014
UAT Technology Support Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,481,050	\$ -	\$ -	\$ -	\$ -	\$ 3,481,050
UAT Technology Support NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,663,993	\$ -	\$ -	\$ -	\$ -	\$ 9,663,993
Implementation Support Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ -	\$ -	\$ -	\$ 173,667	\$ 1,356,087	\$ 176,187	\$ -	\$ -	\$ -	\$ -	\$ 1,705,941
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ 740,369	\$ 5,781,215	\$ 751,115	\$ -	\$ -	\$ -	\$ -	\$ 7,272,699
Implementation Support Services NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,263,886	\$ -	\$ -	\$ -	\$ -	\$ 2,263,886
Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,726,587	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,726,587
Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,062,799	\$ -	\$ -	\$ -	\$ -	\$ 2,062,799
Integrated Solution New Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,483,563	\$ 4,406,821	\$ -	\$ -	\$ -	\$ 10,890,384
KB Maker							\$ 171,818					\$ 171,818
MWC Consulting							\$ 217,980					\$ 217,980
AHS (UAT)							\$ 232,800					\$ 232,800
												\$ -
Data Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 351,413	\$ 87,336	\$ -	\$ -	\$ -	\$ -	\$ 438,749
Exchange Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,498,125	\$ 372,326	\$ -	\$ -	\$ -	\$ -	\$ 1,870,451
Medicaid Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Management New Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,594,368	\$ -	\$ -	\$ -	\$ -	\$ 1,594,368
State System Interface for Verifications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Phase 1 Interface Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hardware and Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 47,628
Hardware for DD&I and Testing Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 353,921	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 353,921
Hardware for DD&I and Testing NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,041
Mail Room HW Enhancement - Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mail Room HW Enhancement - NEW Intergrated Solution FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 365,369	\$ -	\$ -	\$ -	\$ -	\$ 365,369
COTS Software	\$ -	\$ -	\$ 5,400	\$ 139,370	\$ -	\$ -	\$ 750,000	\$ -	\$ -	\$ -	\$ -	\$ 894,770
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DD&I Cost	\$ 17,050	\$ 17,713,402	\$ 48,097,317	\$ 58,523,932	\$ 87,022,652	\$ 39,494,526	\$ 43,871,767	\$ 21,145,305	\$ -	\$ -	\$ -	\$ 315,885,951

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

Table 6c: Proposed Budget

Maintenance & Operations											
State Personnel											
DHS Eligibility Support	\$ -	\$ -	\$ 2,235,112	\$ 1,134,566	\$ 1,132,600	\$ 2,088,081	\$ 2,179,731	\$ 3,737,056	\$ -	\$ -	\$ 12,507,146
Other Staff - Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State M&O - Other	\$ -	\$ -	\$ 200,839	\$ 238,554	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 439,393
State M&O - Other Integrated Solution	\$ -	\$ -	\$ -	\$ 68,601	\$ 667,087	\$ 239,596	\$ -	\$ -	\$ -	\$ -	\$ 975,284
State M&O - Other Integrated Solution 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ -	\$ 500,000
State M&O Other Integrated Solution 2018 (Sourcing RFP)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 900,000	\$ -	\$ -	\$ -	\$ 900,000
											\$ -
Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reconciliation Services and Operations Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 115,375	\$ 1,129,625	\$ 2,614,372	\$ -	\$ -	\$ 3,859,372
Data Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,003,667	\$ -	\$ -	\$ -	\$ -	\$ 2,003,667
Data Management Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,684,706	\$ 3,480,960	\$ -	\$ -	\$ 5,165,666
UHIP Security & Support	\$ -	\$ -	\$ 50,962	\$ 553,045	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 604,007
UHIP Security & Support Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 435,735	\$ 388,921	\$ -	\$ -	\$ -	\$ -	\$ 824,656
UHIP Security & Support Integrated Solution 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,211,955	\$ 7,287,408	\$ -	\$ -	\$ 9,499,363
UHIP Technology Platform	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ 1,229,750	\$ 9,139,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,369,050
Ongoing Hosting/M&O - SFY17 and Beyond	\$ -	\$ -	\$ -	\$ -	\$ 1,975,995	\$ 411,694	\$ -	\$ -	\$ -	\$ -	\$ 2,387,689
Ongoing Hosting/M&O - SFY17 and Beyond 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,000,000	\$ -	\$ -	\$ 34,000,000
Contact Center	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Hosting/M&O	\$ -	\$ -	\$ 9,572,964	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,572,964
Ongoing Hosting/M&O	\$ -	\$ -	\$ -	\$ 10,948,191	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,948,191
Ongoing Hosting/M&O SFY16 and Beyond	\$ -	\$ -	\$ -	\$ 4,781,281	\$ 16,699,823	\$ 15,056,017	\$ -	\$ -	\$ -	\$ -	\$ 36,537,121
Ongoing Hosting/M&O SFY16 and Beyond Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,277,643	\$ 11,634,852	\$ -	\$ -	\$ 24,912,495
AHS (DHS Triage)	\$ -	\$ -	\$ 65,625	\$ 86,458	\$ 56,250	\$ -	\$ 170,508	\$ -	\$ -	\$ -	\$ 378,841
OESP Outreach and Education	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Legal Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total M&O Cost	\$ -	\$ -	\$ 17,977,703	\$ 22,592,852	\$ 30,106,790	\$ 20,303,351	\$ 21,804,168	\$ 63,004,648	\$ -	\$ -	\$ 175,789,512
Total Project	\$ 17,050	\$ 17,713,402	\$ 66,075,020	\$ 81,116,784	\$ 117,129,442	\$ 59,797,877	\$ 65,675,935	\$ 84,149,953	\$ -	\$ -	\$ 491,675,463

10.1. Design, Development and Implementation Costs

10.1.1. State Personnel – All Other / Medicaid Personnel

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred. Please see Attachment C – Staffing for details. Attachment C has been updated per discussions with CMS and FNS.

The State Personnel reflect the state staff required to support the scope in this IAPDU 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;
- Medicaid
- Department of Human Services;
- HealthSource RI (HSRI);
- Department of Administration (DOA); and
- Division of Information Technology (DOIT).

The total State Personnel – All Other budget for FFY 2018 is \$3,092,304 .

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 Allocated Medicaid Personnel for FFY 2018 is \$2,793,475 at 90% FFP and \$194,289 at 75% FFP.

Total Cost State Personnel FFY 2018 = \$6,080,068

10.1.2. 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, \$546,875 is being requested through FFY 2018.

PCG's responsibilities include: assisting in the preparation, forecasting, and submission of the IAPD, developing monthly budget reports, conduct analysis of state agency project budgets; managing the deliverable review process between the state and the system integrator; and supporting EOHHS in its management of MMIS and cost allocation analysis.

Project Management Vendor Total Cost FFY 2018 = \$275,000

10.1.3. Contracted Services – Technology Implementation Vendor

Please see timeline from Section 9 for an overview of DDI activities for the Technology Implementation vendor. Currently the state is in negotiation with the vendor to further amend the contract to clarify what work remains to accept the system and to improve M&O terms. The State will work with CMS and FNS for timely review and approval of contract amendments.

Deloitte DD&I Total Cost FFY 2018 = \$0

10.1.4. Contracted Services – Technical Assistance Vendor

There are no further changes to this cost category.

10.1.5. Contracted Services – IV&V Vendor

CSG Government Solutions (CSG) will continue to work as the IV&V Vendor. The State discontinued engaging CSG in IVV coordination and reporting as of 12/31/17. CSG will continue to provide System Security Assessments. Costs have been updated to reflect actual expenditures.

CSG Total Cost FFY 2018 = \$1,690,480

10.1.6. Contracted Services – InRhodes Conversion and Bridging

InRhodes' Conversion and Bridging contractor, Northrup Grumman Information Systems, Inc. (NGIS) will continue their role in providing conversion and bridging services on the project. NGIS will perform ongoing stabilization support of InRhodes, RIBridges Interface User Acceptance Testing, and UHIP IT Transition Support.

NGIS DD&I Total Cost FFY 2018 = \$5,206,975

10.1.7. Contracted Services – Contact Center

There are no new DDI Contact Center costs for this IAPDU period.

10.1.8. Contracted Services – Other Contracted Services

10.1.8.1. Medicaid Management Information System Integration

Stabilization work is ongoing and conducted as necessary to ensure proper communication between the MMIS and the RI Bridges solution. This is managed by DXC (formerly Hewlett Packard Enterprises). Additional detail is provided in Section 6 regarding their scope of work.

HPE Total Cost FFY 2018 = \$1,944,654

10.1.8.2. User Acceptance Testing Technical Assistance

KPMG is currently under contract to provide UAT technical assistance, which includes assisting 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.

KPMG UAT Assistance Total Cost FFY 2018 = \$13,145,043

10.1.8.3. Implementation Support Services

Faulkner Consulting Group (FCG) will support the State by providing the following services:

- DDI and stabilization 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

These services are being requested at the CMS enhanced federal participation rate of 90% using the new updated lines of code cost allocation methodology.

FCG Implementation Support Total Cost FFY 2018 = \$3,191,188

10.1.8.4. Integrated Solutions Services

The state is requesting \$8,936,160 in FFY 2018 for technical assistance in stabilizing the RI Bridges system through implementation support activities, including triage of system problems and defects. There are a total of five (5) vendors under this category. Scope of each vendor is detailed below.

1. IBM executed a data quality analysis as well as a technical architecture assessment. In addition, IBM provides IT staff augmentation support to assist the state's stabilization efforts. Key areas of activity include the following:

- Assist the state in developing an enhanced problem analysis process to accelerate problem resolution
- System architecture issue analysis and project oversight, including improving planning for software and hardware upgrades
- Improve the defect tracking process
- Support theme development
- Inventory gaps and problem areas in the RI Bridges system
- Provide Subject Matter Expertise and business analyst support in issue identification and resolution as well as quality assurance in DDI
- Release management

IBM Total Cost FFY 2018 = \$7,414,980

2. KB Makers provides strategic, executive consultation on IT vendor reprocurement, IT contract oversight and IT operations. KB Makers will advise State executives and project leaders regarding ongoing operations, stabilization, and improvement of the UHIP system. KB Makers provides consulting and negotiation services related to contracts with and services provided by vendors.

KB Makers Total Cost FFY 2018 = \$171,818

3. MWC Consulting provides central leadership for IT Operations activities related to the stabilization of the RI Bridges system.

MWC Consulting Total Cost FFY 2018 = \$217,980

4. AHS provides User Acceptance Testing.

AHS Total DDI Cost FFY 2018 \$232,800

5. Electronic Asset Verification Program requires states to have a mechanism in place to verify assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants or recipients (Supplemental Appropriations Act, 2008, Pub. L. No. 110-252; Section 1940 of the Social Security Act). The Affordable Care Act required AVP systems to be electronic (e-AVP). The e-AVP supports the process of verifying assets electronically from Financial Institutions (FI) across the nation and supports verification and look back into bank accounts for a period of 60 months.

Identification of Real Property Assets

This tool/service provides automation of verifying real property assets and electronically discover real property holdings, transfers, and sales across the nation. This service helps identify details of the undisclosed real property assets of the beneficiary.

Tools to Facilitate Review of Financial Documents

This kind of tool eliminates the need to review bank and credit card statements manually which are required to be done by the case worker for financial asset determination. This kind of tool analyzes statements with accuracy, allowing users to quickly and confidently make financial determinations for eligibility.

Electronic Asset Verification Total Cost FFY 2018 = \$483,400

5. Document Scanning Services

Document scanning will be used to make sure all paper files are transferred and stored electronically. This cost also includes high speed scanning hardware.

Document Scanning Services Total Cost FFY 2018 = \$400,000

6. UAT Testing Support (testers)

The UHIP Project will require additional funds to support testing efforts. KPMG will be providing testing oversight, UAT support, defect analysis, and UAT reporting. These funds are required for hands-on testers.

UAT Testing Support Total Cost FFY 2018 = \$247,982

Table 8. below is a summary of all vendors and costs associated with the implementation support cost category.

Table 8: Implementation Support Services Costs

Vendor	Cost
IBM	\$ 7,414,980
KB Makers	\$ 171,818
MWC Consulting	\$ 217,980
Asset Verification	\$ 483,400
Document Scanning	\$ 400,000
UAT Testing Support	\$ 247,982
Total	\$ 8,936,160

10.1.9. Contracted Services – Data Management

Freedman HealthCare provides data management services including:

- 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
- Data quality and enhancement recommendations
- Identify and manage correction of data as it enters the data mart; and
- Release management script validation (interim business process)

Freedman DD&I Total Cost FFY 2018 = \$2,054,030

These services are being requested at the CMS enhanced federal participation rate of 90% using the new updated lines of code cost allocation methodology.

10.1.10. State System Interfaces for Verification

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

10.1.11. Hardware and Software Costs

In this section, the State outlines its request for hardware and software outside of what is required under contract with the system integration vendor that are required to support its FFY 2018 needs. **The hardware and software costs for FFY 2018 are estimated to be \$365,369 for FFY 2018** and include Mail Room hardware enhancements.

10.1.12. COTS Costs

COTS costs have been updated to reflect the FFY 2018 request of \$750,000. The table below represent break out the costs for the cost above.

Table 10: COTS

Function	Description	FFY18 Update
Security	COTS software required for each of the security enhancement projects.	\$750,000

10.2. Maintenance and Operations Costs

10.2.1. State Personnel – DHS Eligibility Support

Rhode Island will keep monitoring eligibility support staffing needs and updating this line item accordingly with respect to resource needs in future periods. See Appendix C – November 2017 Staffing for additional details.

DHS Eligibility Support Total Cost FFY 2018 = \$2,179,731

10.2.2. State M&O – Other

This category presents in-house costs of maintenance and operations of the UHIP platform. In this IAPDU, Rhode Island’s requests include operating costs for new application forms, local office site preparation/infrastructure, central printing and mailing, and licenses. The proposed methodology allocates costs across benefitting Medicaid and Human Services programs. The requested Medicaid FFP will be 75%.

State M&O – Other Total Cost FFY 2018 = \$250,000

10.2.2.1 State M&O – Other Integrated Solution (Sourcing RFP)

The state has issued an RFP for Sourcing Advisory Services. The purpose of this solicitation is to acquire Advisory Services to assist the State in the procurement of an M&O vendor who will commence services on April 1, 2019. The advisor will assist the State through the competitive

bid process, including: preparation of the RFP; advising the technical evaluation team; and aid in transition to a new M&O contract.

State M&O – Other Integrated Solution (Sourcing RFP) Total Cost FFY 18 = \$900,000

10.2.3. Contracted Services – Reconciliation Services

The State is requesting \$1,783,218 in FFY 2018 reconciliation activities at the 75% federal enhanced match rate. The state has included two (2) vendors into this cost category, each is described below in greater detail.

1. DXC (formerly Hewlett Packard Enterprise Services) will assist the state with the following;

- Issue resolution
- Testing new MMIS fixes
- Assist with operationalizing system changes
- Decipher and explain recipient cases
- Process Eligibility transactions and subsequent enrollments
- Validate terminations

2. Conduent (formerly Xerox) will assist the state by performing the following activities;

- Review data for the purpose of federal claiming
- Review RIBridges transactions to assess correct eligibility determinations
- Reconcile program eligibility and enrollment decisions.
- Assist with change request processing to address backlog.

Reconciliation Services Total Cost FFY18 = \$1,129,625

10.2.4. Contracted Services – Data Management

In addition to the Data Management development services described above, Freedman Healthcare also provides the following maintenance services:

- Data fixes and data quality monitoring
- Quality assurance for data dictionary and data model

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

Freedman M&O Total Cost FFY 2018 = \$ 1,684,706

10.2.5. Contracted Services – 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 \$487,500 in FFY 2018 at the M&O federal participation of 75%.

The state has also included two vendors under this cost category. This was done because the scope of the vendors was more geared toward system maintenance and operations starting in Q4 of FFY 2018.

Faulkner Consulting Group (FCG) will continue to perform the services listed in 10.1.8.3. The state has made the assumption that the Deloitte system will continue to stabilize, allowing FCG's scope to transition toward operations. This includes the following:

- Operations Management & Analytical Support
- Open Enrollment Support

Northrup Grumman Information Systems (NGIS) will continue to perform the scope of services listed in section 10.1.6. The State is planning to transition to an M&O allocation at 75% match starting Q4 for FFY 2018, but we will monitor progress carefully. The services include staff augmentation for the following:

- IT team in Operations
- Security
- Project Management
- Business Analysis

UHIP Security Total Cost FFY 2018 = \$2,211,955

10.2.6. Contracted Services – UHIP Technology Platform

The state is currently in negotiations with the System Integration (SI) vendor to exercise an option year in the contract to continue Maintenance & Operations. The State's requirements for the upcoming M&O period includes supporting management of the RIBridges system. The new integrated RIBridges solution provides a significant increase in the number of supported programs, functionality, capabilities, and service population. In parallel, the State is procuring a sourcing advisor to assist the State in procuring a vendor for M&O services by April 2019. The State will continue deny payment to Deloitte in advance of delivery of a completed system.

Deloitte M&O Total Cost FFY 2018 = \$0

10.2.7. Contracted Services – Contact Center

Automated Health Systems Inc. (AHS) will continue as the Contact Center vendor to perform the following tasks, at the M&O allocation is 75%;

- Contact Center Services - Phone and walk in center support for QHP and Medicaid health coverage customers
- ICI Call Center - provide phone support, enrollment assistance for RI citizens who are dual eligible for Medicare and Medicaid
- NFP sub-contract to perform SHOP customer service
- DHS Triage Team for DHS Call Center - Providing customer service team who answers level 1 calls at DHS, assesses reason for call and resolves or passes on to DHS Call Center team
- Health Coverage Backlog - Work Verification and Escalation backlog for MAGI Medicaid customer

The original forecast was increased to include additional staff for health coverage support. This was mostly due to increased Medicaid call volume, DHS call center support, and verification and escalation support.

AHS Contact Center Total Cost FFY 2018 = \$13,448,151

10.2.8. Contracted Services – Outreach and Enrollment Support Program

There are no outreach and enrollment costs for FFY 2018.

11. COST ALLOCATION PLAN FOR IMPLEMENTATION AND MAINTENANCE ACTIVITIES

The state has continued review all of the cost allocation methodologies and activities of contractors and personnel. As a result, if this ongoing review, the state has updated the current cost allocation methodology for FFY 2018. The state has applied the updated DD&I and M&O cost allocations to contracts based upon current projections of work. Thus, the allocation of costs are more accurately distributed among programs supported by RI Bridges. Current approved cost allocations will persist until proposed changes are approved, and will only be in effect from the date of approval. Notable updates include increasing the HSRI allocation in the Integrated Solution (lines of code) allocation, and transitioning Freedman Consulting and Faulkner Consulting Group from a Phase 1 function point allocation to a more accurate Integrated Solution allocation. A similar review was conducted for state personnel and the State determined that a more accurate Random Moment In Time (RMTS) would be appropriate. This is described in Section 10.2 in more detail. The state will continue to work with its cost allocation vendor, Public Consulting Group, to refine the cost allocation of state personnel.

It is the intent of the state to continue to review and update cost allocations with the most current data to accurately allocate costs.

A similar review was conducted for state personnel and the cost allocation for state personnel has been updated as well. The state will continue to work with its cost allocation vendor, Public Consulting Group, to refine the cost allocation of state personnel to allocate costs to all programs.

DHS Personnel

For staff that work 100% on a program such as Medicaid or SNAP, staff will sign attestations to confirm that 100% of their work has been dedicated to that program. For staff that work on multiple programs, we are tracking time and working to identify staff who need to time track as work priorities shift to multiple programs. DHS staff who work with clients within the Economic Services Division will participate in a Random Moment Time Study as described below.

The purpose of this random moment time study (RMTS) is to measure the level of effort spent on various activities performed by the Eligibility Technicians (ET), Senior ETs, and Social Caseworkers in the State of Rhode Island. These staff, who are all state employees, perform program eligibility determination activities on behalf of customers served by the Department of Human Services (DHS). Organizationally, ETs, Senior ETs, and Social Caseworkers work within the Economic Services Division of DHS.

The time study is administered using EasyRMTS™, which is a tool developed by Public Consulting Group, Inc. (PCG). The automated RMTS application was developed to comply with all federal rules and regulations related to cost allocation practices and claiming for reimbursement of federal dollars. The software supports accurate reporting of reimbursable administrative activities, which are generally required by federal approving agencies to be measured through a time study. EasyRMTS™ puts the least administrative burden on staff as possible while allowing users to measure their time and claim for Federal Financial Participation (FFP). The system allows participants to indicate directly, via a series of survey questions in the software, the activities and programs they are supporting.

The purpose of the surge staff was to stabilize the implementation of RI Bridges and address significant backlogs of application and recertification processing. The August IAPD submission estimated that 60% of the surge staff would be working on Medicaid activities that are eligible for 75% FFP. This submission estimates that the surge staff Medicaid enhanced activities are closer to 26% based on the current RMTS that all eligibility staff participate in. Below is a chart that details the current RMTS percentages by program. Enhanced Medicaid Match activities include the following: eligibility determination or redetermination, case updates or changes, case closures or terminations, follow up on conflicts with self-declaration, performing an ex parte Medicaid determination for those no longer eligible for MAGI Medicaid.

DHS is working with PCG to review and refine the RMTS process to most accurately assign costs to surge staff and all DHS programs. Updates to the cost allocation below are likely in a subsequent IAPD update. The total projected cost for Surge Staff for FY18 is \$10,700,757 and for FY 19 is \$15,107,327. However, only costs related to the enhanced match are included in the submission.

The changes from the November IAPD submission reflect updated turnover, the move of the customer services aides from the integrated solution per the request of CMS and a correction to the Enhanced calculation. The November submission inadvertently multiplied 26% by the total FY 18 amount and the correction deducts that charges to RI Works and then applies the percentages in the random moment time study listed below.

Table 11: DHS Eligibility Support

Program	CCAP	GPA	RIW Works	SNAP	SSP	Medicaid Enhanced	Medicaid Administration
RMTS %	3%	7%	13%	41%	2%	26%	7%
FFP			100%	50%		75%	50%

Integrated Solution (Lines of Code)

The following is an overview and breakout of updates to the Integrated Solution cost allocation based on lines of code methodology.

Table 14: Revised FFY 2018 DDI Cost Allocation Summary

Programs	Lines of Code	Aug Allocation	Nov Allocation
SNAP	116,942	2.46%	1.47%
TANF	68,587	2.40%	0.86%
CCAP	35,624	1.26%	0.45%
GPA	57,971	2.58%	0.73%
SSP	22,347	0.34%	0.28%
QHP	386,233	0.00%	4.85%
Medicaid and Common	7,272,401	90.96%	91.36%
Total	7,960,105	100.00%	100.00%

- 1. Front Office** The front office functionality includes each step in the client application process, as the worker assists the client in applying for Medicaid and/or other HHS programs such as SNAP or TANF. Specific modules in this functionality group include:

** For components classified to multiple programs, lines of code are allocated equally to each program impacted by that particular module*

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Table 15a: Revised FFY 2018 DDI Cost Allocation Analysis – Front Office

Technical Components	Definition	Classification	Lines of Code
Self Service Portal	Public facing portal allows customers to apply for benefits, renew the benefits, report changes and check benefits status for SNAP, Cash, Medicaid, Child Care and General Public Assistance programs.	Common	1,013,697
HIX	Public facing portal allows customers to apply for and purchase plans offered by carriers	Medicaid, QHP*	721,729
SHOP	Public facing portal allows employers and employees to purchase ESI plans offered by carriers	QHP	19,291
Application Registration	The Application Registration process only collects basic information about the application and includes a file clearance process to cross check the head of household and all household members with the Master Client Index (MCI)	Common	31,707
Data Collection	Data Collection provides the worker with the ability to capture required information about a household to make eligibility decisions	Common	284,376
Quality Control	Quality Assurance/Quality Control provides functionality for the state to perform SNAP /QC reviews	SNAP	48,355
Inquiry	Inquiry functionality provides users to enquire about Application, Case, Individual and Program information	Common	463,969
Scheduling	Scheduling functionality allows worker to schedule and track appointments for SNAP and Rhode Island work programs	SNAP, TANF*	50,670
Task Management	Task Management functionality provides worker with the tool to identify and perform their daily tasks to serve the residents of Rhode Island	Common	29,233
Provider Management	Allows childcare and other providers to register and maintain	CCAP, GPA	61,884

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Technical Components	Definition	Classification	Lines of Code
	profiles in the system, including rates and enrollments		
Electronic Document Management (EDM)	EDM allows for the scanning and indexing of customer documents and other files pertinent to eligibility determinations, enrollment and other case actions	Common	19,558
Data Sync	Technology component to allow automatic submission of health insurance applications for MAGI Medicaid and QHP	Medicaid, QHP*	12,155
Data Access Layer for All Queries Across the Application	All updates to database (data layer) across the application is performed through this module	Common	2,397,121
Staging from self-service to IES	Web services to send and receive data for reporting changes across self-service portal and RI Bridges	Common	55,452
Common Business Objects for all Modules	Business utilities used across all programs on the RI Bridges platform to perform user actions	Common	1,218,882
Page Elements/User Interface	User Interface maintains the security and accessibility of data elements (field labels) displayed in the application across the application and Web App	Common	441,576

Lines of code rationale: Most of the code in this functionality group is considered “common,” since they are modules that are required for clients applying for any program through RI Bridges. These front office functionalities are needed for Medicaid applications as well as HHS programs. A few modules, specifically QC and Scheduling, are allocated to other HHS programs since they are not needed for Medicaid eligibility.

- 2. Eligibility:** Once the application information is entered into RI Bridges, eligibility must be run and determined before a client can be enrolled in Medicaid and/or other HHS programs. The eligibility functionality will determine the group composition (filing unit), program eligibility, and run the benefit calculations for each program. Specific modules in this functionality group include:

Table 15b: Revised FFY 2018 DDI Cost Allocation Analysis – Eligibility

Module	Definition	Classification	Lines of Code
Eligibility (includes	Includes the eligibility determination group (EDG), Eligibility	Common	507,693

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Module	Definition	Classification	Lines of Code
MAGI/Non-MAGI rules engine, overrides, exception processing etc.)	Determination and Benefit Calculation (EDBC) process, and Authorization process		
Redeterminations	Manages the redetermination process for each of the programs in the RI Bridges system	Common	3,493
Appeals/Hearings	Hearing and Appeals functionality allows authorized users to enter a hearing and hearing decision. After a hearing decision is entered, the caseworker is notified. During the hearing process, updates can be made on case but the benefit amount will not be changed	Common	3,480

Lines of code rationale: Code in this functionality group is considered “common,” since they are modules that are required for all clients receiving eligibility determinations. These modules would be needed for Medicaid eligibility determinations even if SNAP and other HHS programs were not part of RI Bridges.

- 3. Benefit Management:** Once eligibility is established and clients are enrolled, benefits need to be provided to the client for certain HHS programs (primarily SNAP and TANF). The Bridges functionality related to benefits management must be able to care out these tasks to ensure that benefits are received and are able to be accessed for those enrolled. Specific modules in this functionality group include:

Table 15c: Revised FFY 2018 DDI Cost Allocation Analysis – Benefit Management

Module	Definition	Classification	Lines of Code
Benefit Issuance (including manual issuance)	Benefit Issuance is the process to issue benefits in the form of EBT, check, or medical coverage. Issuance will occur both real-time – only for authorized users and for emergency need, and in batch	SNAP, TANF, CCAP, GPA, SSP*	89,389
Benefit Recovery	Benefit Recovery functionality consists of processes to establish overpayment claims and recoup on overpayments	SNAP, TANF, CCAP*	25,577
Work Program	Work program functionality consists of workflow to create and maintain the work schedule of the parents	SNAP, RIW, CCAP, GPA*	18,726

Module	Definition	Classification	Lines of Code
	participating in Rhode Island work programs		

Lines of code rationale: Code in this functionality group is generally allocated to SNAP, TANF and other HHS programs in RI Bridges since they are modules that apply to programs in which clients are receiving financial benefits. These modules are not needed for Medicaid.

4. Support Functions: There are a number of support functions that help maintain system stability, security and program integrity. Specific modules in this functionality group include:

Table 15d: Revised FFY 2018 DDI Cost Allocation Analysis – Support Function

Module	Definition	Classification	Lines of Code
Security	Provides user and data security for the RI Bridges system	Common	16,510
Framework	Framework module creates and maintains all the technical services (Transaction Management, Logging, Reference Table data, Cache Management etc.) during the application life cycle	Common	133,685
Case Utilities	Allows developers to clone the case from one environment to another environment to triage issues.	Common	5,835
Manage Office	Allows authorized users to create and maintain office and employee profiles within RI Bridges	Common	19,631

Lines of code rationale: Code in this functionality group is considered common since they are modules that are used for all programs, including Medicaid. These modules would be needed for a Medicaid eligibility system even if SNAP and other HHS programs were not part of RI Bridges.

5. Correspondence: Technology supporting correspondence is needed to allow the system to generate and send notices, renewal forms, documentation requests and other types of communications to clients, providers and others. Specific modules in this functionality group include:

Table 15d: Revised FFY 2018 DDI Cost Allocation Analysis – Correspondence

Module	Definition	Classification	Lines of Code
Notices (includes requests for documentation, missed)	The process of generating and automatically sending benefit eligibility notices and other	Common	228,400

Module	Definition	Classification	Lines of Code
appointment notices and redetermination packets)	correspondence through the RI Bridges system		

Lines of code rationale: Code in this functionality group is considered common since they are modules that are used for all programs, including Medicaid. These modules would be needed for a Medicaid eligibility system even if SNAP and other HHS programs were not part of RI Bridges.

6. Reports: The state is required to review and file several reports throughout the year. Specific modules in this functionality group include the ability to produce:

Table 15e: Revised FFY 2018 DDI Cost Allocation Analysis – Reports

Module	Definition	Classification	Lines of Code
Reports (includes federal and state reports)	Reporting functionality provides the State with a variety of state and federal reports	Common	25,780
Financial management reports	Provide management with insight into benefit programs and/or the performance of the agency, office, unit, and/or specific workers and to make management decisions	Common	3,390

Lines of code rationale: Code in this functionality group is considered common since they are modules that are used for all programs, including Medicaid. These modules would be needed for a Medicaid eligibility system even if SNAP and other HHS programs were not part of RI Bridges.

7. Interfaces: Bridges must be able to successfully interact with a number of interfaces to fulfill its eligibility and enrollment mandate. Interface functionality allows RI Bridges to communicate and received data from a number of federal and state sources. Specific modules in this functionality group include:

Table 15f: Revised FFY 2018 DDI Cost Allocation Analysis – Interfaces

Module	Definition	Classification	Lines of Code
Interfaces (federal and state)	Data exchange interfaces across various State and Federal partners	Common	463,969

Lines of code rationale: Code in this functionality group is considered common since they are modules that are generally used for all programs, including Medicaid.

Caseload Methodology for M&O

The state has also reviewed the cost allocation methodology for M&O based on enrollment figures for all programs across the state. Please see the table below for a breakdown based on enrollment figures. There have been no updates since the August IAPD submission.

Table 16: RIBridges FFY 2018 M&O Allocation Based on Caseload

2018 M&O Allocation Based on Caseload		
Program	Accounts	FFY18 Percent
Medicaid	318,873	64.2%
QHP	35,009	7.0%
RIW	4,473	0.9%
SNAP	95,728	19.3%
CCAP	9,118	1.8%
GPA	431	0.1%
SSP	33,207	6.7%
Total	496,839	100.00%

AHS and Freedman M&O

The state has also reviewed its cost allocation methodology for the Health Care Citizens Portal. This new cost allocation is applied to the Contact Center. This is unchanged from the August 2018 IAPD Submission. The State is pursuing data collection that will allow a transition from the current methodology to one based on call data distinguishing between eligibility and non-eligibility activities.

Table 17: RIBridges FFY 2018 M&O Cost Allocation for Citizen Portal

2018 M&O Allocation for Health Care Citizens Portal		
Enrollment	Accounts	FFY18 Percent
Medicaid (MAGI)	240,994	87%
QHP	35,009	13%
Total	276,003	100%

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Table 18a: Cost Allocation

Line Item	Allocation to Benefiting Programs								Federal Match Rates							
	HIX	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP	HIX	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP
Design, Development & Implementation																
State Personnel - training-related		83.11%		3.97%	6.54%	5.05%	0.76%	0.57%		50.00%			50.00%			
State Personnel - training-related Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		50.00%			50.00%			
State Personnel - training-related Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		50.00%			50.00%			
State Personnel - training-related Integrated Solution Adjusted 2018																
State Personnel - all other		83.11%		3.97%	6.54%	5.05%	0.76%	0.57%		90.00%			50.00%			
State Personnel - all other Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
State Personnel - all other Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
State Personnel - all other Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
State Personnel - NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
Allocated Medicaid Personnel		100.00%								90.00%						
Contracted Services																
Project Management Vendor																
Phase 1		100.00%								90.00%						
Phase 2		83.11%		3.97%	6.54%	5.05%	0.76%	0.57%		90.00%			50.00%			
Project Management Vendor Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
Project Management Vendor Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
Project Management Vendor Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
Project Management Vendor NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
Technology Implementation Vendor																
Phase 1																
Exchange (64.2%)	100.00%									100.00%						
Medicaid (35.8%)		85.00%	15.00%							90.00%	66.00%					
Exchange Adjusted (19%)	100.00%									100.00%						
Medicaid Adjusted (81%)		85.00%	15.00%							90.00%	88.30%					
Exchange Adjusted (19%) 2018																
Medicaid Adjusted (81%) 2018																
Phase 2		83.11%		3.97%	6.54%	5.05%	0.76%	0.57%		90.00%			50.00%			
Technology Implementation Vendor Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
Technology Implementation Vendor Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
Technology Implementation Vendor Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
Technology Implementation Vendor NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
Implementation Support Services		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
Technical Assistance Vendor																
Phase 1		100.00%								90.00%						
Phase 2		83.11%		3.97%	6.54%	5.05%	0.76%	0.57%		90.00%			50.00%			
IV&V Vendor																
Phase 1																
Exchange (64.2%)	100.00%									100.00%						
Medicaid (35.8%)		85.00%	15.00%							90.00%	66.00%					
Phase 2		83.11%		3.97%	6.54%	5.05%	0.76%	0.57%		90.00%			50.00%			
IV&V Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
IV&V Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
IV&V Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
IV&V Integrated Solution NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			

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Table 18b: Cost Allocation

Line Item	Allocation to Benefiting Programs								Federal Match Rates							
	HIX	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP	HIX	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP
InRhodes Conversion and Bridging																
Phase 1		100.00%														
Phase 2 (Non InRhodes Revisions: 82.4%)		83.00%		4.00%	6.50%	5.10%	0.80%	0.60%		90.00%			50.00%			
Phase 2 (InRhodes Revisions: 17.6%)		83.11%		3.97%	6.54%	5.05%	0.76%	0.57%		90.00%			50.00%			
InRhodes Conversion and Bridging Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
InRhodes Conversion and Bridging Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
InRhodes Conversion and Bridging Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
InRhodes Conversion and Bridging NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
Contact Center																
Start-up Cost	100.00%									100.00%						
Other Contracted Services																
HPES		100.00%														
UAT Technology Support																
Exchange	100.00%									100.00%						
Medicaid		85.00%	15.00%								90.00%	88.29%				
UAT Technology Support Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
UAT Technology Support Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
UAT Technology Support Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
UAT Technology Support NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
Implementation Support Services																
Exchange	100.00%									100.00%						
Medicaid		85.00%	15.00%								90.00%	88.29%				
Implementation Support Services NEW Integrated Solution Q2 FFY 18	4.85%	91.12%		0.98%	1.59%	0.45%	0.73%	0.28%								
Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
Integrated Solution New Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
Data Management																
Exchange (19%)	100.00%									100.00%						
Exchange Adjusted 2018	100.00%															
Medicaid		85.00%	15.00%								90.00%	88.29%				
Medicaid Adjusted 2018		85.00%	15.00%													
Data Management New Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
State System Interface for Verifications																
Phase 1 Interface Development	64.00%	36.00%								100.00%	90.00%					
State System Interface for Verifications Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
State System Interface for Verifications Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
State System Interface for Verifications Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
State System Interface for Verifications NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			

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Table 18c: Cost Allocation

Line Item	Allocation to Benefiting Programs								Federal Match Rates							
	HIX	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP	HIX	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP
Hardware and Software																
Hardware for DD&I and Testing		100.00%														
Hardware for DD&I and Testing Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
Hardware for DD&I and Testing Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
Hardware for DD&I and Testing Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
Hardware for DD&I and Testing NEW Integrated Solution Q2 FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
Mail Room HW Enhancement - Exchange (20%)	100.00%									100.00%						
Mail Room HW Enhancement - Medicaid (80%)		85.00%	15.00%							90.00%	66.00%					
Mail Room HW Enhancement - Integrated Solution		89.50%		2.80%	1.90%	2.60%	2.60%	0.60%		90.00%			50.00%			
Mail Room HW Enhancement - Integrated Solution Adjusted		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%		90.00%			50.00%			
Mail Room HW Enhancement - Integrated Solution Adjusted 2018		90.96%		2.40%	2.46%	1.26%	2.58%	0.34%		90.00%			50.00%			
Mail Room HW Enhancement - NEW Intergrated Solution FFY 18	4.85%	91.36%		0.86%	1.47%	0.45%	0.73%	0.28%		90.00%			50.00%			
COTS Software		100.00%								75.00%						
Maintenance & Operations																
State Personnel																
DHS Eligibility Support		100.00%								75.00%						
Other Staff		100.00%								50.00%						
State M&O - Other																
State M&O - Other Integrated Solution	7.30%	61.10%		1.10%	21.90%	1.30%	0.10%	7.20%		75.00%			50.00%			
State M&O - Other Integrated Solution 2018	7.00%	64.20%		0.90%	19.30%	1.80%	0.10%	6.70%		75.00%			50.00%			
Contracted Services																
Reconciliation Services		100.00%								75.00%						
Data Management	14.00%	86.00%								75.00%						
Data Management Adjusted 2018	13.00%	87.00%								75.00%						
UHIP Security & Support	25.00%	62.00%		3.00%	5.00%	4.00%	1.00%	0.00%		75.00%			50.00%			
UHIP Security & Support Integrated Solution	7.30%	61.10%		1.10%	21.90%	1.30%	0.10%	7.20%		75.00%			50.00%			
UHIP Security & Support Integrated Solution 2018	7.00%	64.20%		0.90%	19.30%	1.80%	0.10%	6.70%		75.00%			50.00%			
UHIP Technology Platform																
Initial Hosting/M&O	30.00%	70.00%								100.00%	75.00%					
Ongoing Hosting/M&O	25.00%	62.30%		3.00%	4.90%	3.80%	0.60%	0.40%		75.00%			50.00%			
Ongoing Hosting/M&O SFY 16	14.00%	86.00%								75.00%						
Integrated Solution Allocation - SFY17 and beyond	7.30%	61.10%		1.10%	21.90%	1.30%	0.10%	7.20%		75.00%			50.00%			
Integrated Solution Allocation - SFY17 and beyond 2018	7.00%	64.20%		0.90%	19.30%	1.80%	0.10%	6.70%		75.00%			50.00%			
Contact Center																
Initial Hosting/M&O	65.00%	35.00%								100.00%	75.00%					
Ongoing Hosting/M&O	20.00%	80.00%								75.00%						
Ongoing Hosting/M&O SFY16 and Beyond	14.00%	86.00%								75.00%						
Ongoing Hosting/M&O SFY16 and Beyond Adjusted 2018	13.00%	87.00%								75.00%						
OESP																
Outreach and Education	14.00%	86.00%								50.00%						
Legal Fees																

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.

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.

Table 19: Federal Assurances

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

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 interacts 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.

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.

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 FFP) M&O E&E 28E & 28F†	State Share -25% --	Medicaid ENHANCED FUNDING FFP Total	State Share Total	Medicaid ENHANCED FUNDING (TOTAL COMPUTABL
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	5,734,194	1,911,397	1,725,553	575,184	35,019,466	5,549,673	40,569,139
FFY 2015	34,622,473	3,846,942	104,528	34,843	12,645,521	4,215,174	915,769	305,257	48,288,291	8,402,216	56,690,507
FFY 2016	63,608,028	7,067,559	-	-	18,077,104	6,025,702	891,638	297,213	82,576,770	13,390,474	95,967,244
FFY 2017	30,700,135	3,411,128	-	-	11,680,172	3,893,390	1,566,061	522,020	43,946,368	7,826,538	51,772,906
FFY 2018	33,159,744	5,600,532	562,500	187,500	12,787,237	4,262,412	2,165,392	721,797	48,674,873	10,772,241	59,447,114
FFY 2019	17,758,944	1,973,216	-	-	31,824,108	10,608,036	2,802,792	934,264	52,385,844	13,515,516	65,901,360
FFY 2020	-	-	-	-	-	-	-	-	-	-	-
Total FFY 2012-2019	215,166,947	25,823,559	671,078	223,693	92,748,336	30,916,111	10,067,205	3,355,735	318,653,566	60,319,098	378,972,664

	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total FFY 2012-2019	\$ 994,957	\$ 994,957	\$ -	\$ -	\$ 994,957	\$ 994,957	\$ 1,989,914

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	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%	\$ 836,533	\$ 393,154	\$ 1,229,687
FFY 2016	88%	12%	\$ 2,266,593	\$ 300,376	\$ 2,566,969
FFY 2017	88%	12%	\$ 964,039	\$ 127,862	\$ 1,091,901
FFY 2018	88%	12%	\$ 160,694	\$ 21,314	\$ 182,008
FFY 2019	89%	11%	\$ -	\$ -	\$ -
FFY 2020			\$ -	\$ -	\$ -
Total FFY 2012-2019			\$ 5,279,322	\$ 1,384,368	\$ 6,663,690

	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	\$ 35,019,466	\$ 622,143	\$ 587,656	\$ 36,229,265	\$ 6,474,547	\$ 42,703,812
FFY 2015	\$ 48,288,291	\$ 372,814	\$ 836,533	\$ 49,497,638	\$ 9,168,184	\$ 58,665,822
FFY 2016	\$ 82,576,770	\$ -	\$ 2,266,593	\$ 84,843,363	\$ 13,690,850	\$ 98,534,213
FFY 2017	\$ 43,946,368	\$ -	\$ 964,039	\$ 44,910,407	\$ 7,954,400	\$ 52,864,807
FFY 2018	\$ 48,674,873	\$ -	\$ 160,694	\$ 48,835,567	\$ 10,793,555	\$ 59,629,122
FFY 2019	\$ 52,385,844	\$ -	\$ -	\$ 52,385,844	\$ 13,515,516	\$ 65,901,360
FFY 2020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total FFY 2012-2019	\$ 318,653,566	\$ 994,957	\$ 5,279,322	\$324,927,845	\$ 62,698,423	\$387,626,268

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	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	\$ 42,703,812	63%	\$ 41,813,425	1%	\$ 890,387	29.33%
FFY 2015	\$ 81,116,784	\$ 58,665,822	71%	\$ 57,436,135	2%	\$ 1,229,687	16.88%
FFY 2016	\$ 117,129,442	\$ 98,534,213	82%	\$ 95,967,244	2%	\$ 2,566,969	0.00%
FFY 2017	\$ 59,797,877	\$ 52,864,807	87%	\$ 51,772,906	2%	\$ 1,091,901	0.00%
FFY 2018	\$ 65,749,107	\$ 59,629,122	90%	\$ 59,447,114	0%	\$ 182,008	0.00%
FFY 2019	\$ 84,149,953	\$ 65,901,360	78%	\$ 65,901,360	0%	\$ -	
FFY 2020	\$ -	\$ -		\$ -		\$ -	
Total FFY 2012-2019	\$ 491,748,635	\$387,626,268	77%	\$380,962,578	1%	\$ 6,663,690	10%

* 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.

†CMS-64 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 Determination Staff- Cost of In-house Activities (staff who makes eligibility determinations)
28F	E&E – Title 19 (Medicaid) Eligibility Determination Staff- Cost of Private Sector (staff who makes eligibility determinations)
28G	E&E – Title 19 (Medicaid) Eligibility Determination 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 Determination Staff- Cost of Private Sector (staff whose duties are related to eligibility, such as outreach, plan enrollment, etc.)
29	E&E - Title 19 (Medicaid) Other Financial Participation
33	E&E - Title 21 (CHIP) Administration

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

ATTACHMENTS

Attachment A: November 2017 to March 2018 Comparison

Please see Attachment A as part of the submission package.

Attachment B: RI UHIP Project Runway

Please see Attachment B as part of the submission package.

Attachment C: Personnel

Please see Attachment C as part of the submission package.

Attachment D: Funding by Quarter and Program

Please see Attachment D as part of the submission package.