

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

Name of State: Rhode Island

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Brief Description of Latest Version Additions/Changes/Deletions:

This update includes a revised budget to Rhode Island's FFY18 and FFY19 program of work pursuant to the previously submitted As Needed FFY17 IAPDU of May 2017. This update provides a revised budget and narrative to resource the state's recovery efforts.

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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.

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

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

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

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

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

2. RESULTS OF ACTIVITIES INCLUDED IN THE IAPD

For this IAPD Update, Rhode Island is asking for federal approval for FFY18 project budget that prioritizes investments to accelerate stabilization and recovery and advances priority project needs that were identified in the last submission. A detailed description of the new costs and amounts is provided below.

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

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

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Table 1: May 2017 IAPDU As Needed Summary

IAPD-U May 2017 Version				
	Total Costs	Federal Share	State Share	
DD&I				
Previously Approved DD&I Costs	237,979,328	203,761,585	34,217,742	Approved Establishment Grant and IAPD Project Costs
Updated Project DD&I Cost	319,289,146	271,507,181	47,781,963	Represents net new request
Variance	81,309,818	67,745,596	13,564,221	
M&O				
Previously Approved M&O Costs	125,702,657	80,893,353	44,809,304	Approved Establishment Grant and IAPD Project Costs
Updated Project M&O Costs	124,283,352	84,560,659	39,722,695	Represents net new request
Variance	(1,419,305)	3,667,306	(5,086,609)	
Updated Total Project Costs	443,572,498	356,067,840	87,504,658	

Table 2: August 2017 IAPDU Summary

IAPD-U August 2017 Version				
	Total Costs	Federal Share	State Share	
DD&I				
Updated Project DD&I Cost	298,510,765	256,104,983	42,405,782	Represents net new request
M&O				
Updated Project M&O Costs	146,002,345	99,080,449	46,921,896	Represents net new request
Updated Total Project Costs	444,513,110	355,185,432	89,327,678	

As shown in the table above, the overall project budget through FFY19 is estimated to be \$444,513,110 of which \$355,185,432 is the expected federal share and \$89,327,678 is the expected state share.

The 30-Day Assessment, released February 15, 2017, enumerated challenges with the system implementation and defined areas of progress. The following lists out a high-level timeline and projected progress as found in the report, and provides an update on progress.

Timeline	Projected Progress	Update
< 3 months	<ul style="list-style-type: none"> Stop the growth in pending applications and begin to achieve week over week reductions. Require Deloitte to execute its IT turnaround plan, with a first wave of improvements to the child care, long term services and supports, and worker portals. Reach sufficient staffing for State and Deloitte to stabilize the system. 	<ul style="list-style-type: none"> Backlog: In March of 2017, the backlog of applications was nearly 14,000. Total applications pending today, including those pending client action, is below 4,000. This includes LTSS. Without LTSS, the total work in progress is 1,855 applications. As of 8/16/2017, the overdue workable SNAP backlog is 83, under the 100 goal. The workable overdue MAGI backlog is 72, also under 100. Execute Turnaround Plan: During the period 2/15/17 – 8/17/17, we have executed 5 Critical Project Releases to add functionality across multiple program and functional areas, including: LTSS, Self-Service Portal, Worker Portal, RIteShare Child Care and more. Please see Attachment D – Project Runway for a full listing. In addition, we have executed 16 data and code fix releases with over 2,323 fixes. In addition, we are fixing 75-100 individual accounts/cases per week.

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Timeline	Projected Progress	Update
		<ul style="list-style-type: none"> DHS has added 139 new positions to date and plans to add an additional 4 positions to reach the hiring surge target of 143 positions. The State has executed federally approved contracts and amendments to expand contract support and Deloitte has increased its staffing levels to 623 FTEs.
3-6 months	<ul style="list-style-type: none"> Improve the customer user experience to produce, for example, measurable self-service enrollment for SNAP and other DHS benefits. Observe gains in worker productivity through significant processing time reductions. Significantly improve application determination times. See improvements in late or inaccurate provider payments. Correct most remaining data conversion issues. 	<ul style="list-style-type: none"> Processing has improved: The average time it takes to process applications is currently is 35:55, a 2-minute drop from the previous month and nearly 5 minutes faster than the 90-day average. Also, 68.16% of the applications are currently processed with an eligibility determination in one day. That is a 4% improvement from last month. The median time which is ~20 minutes and in line with pre-go live numbers. The State continues to implement new processes to improve timeliness of application determinations. 74.9 % of expedited applications received in July were determined timely (278 out of 371) and 84% of regular applications received in June were determined timely (1,583 out of 1,884). 62% of applicants through the customer portal do so in one sitting. In the last month, 20% of applications have been submitted through the customer portal across all programs. On average over the last month, it takes 56 minutes to apply for a new program online.
6-12 months	<ul style="list-style-type: none"> Reduce pending applications to steady state levels. Ensure that the system is ready to handle open enrollment with significant increases in self-service rates through the customer portal. Ensure that there are few to no late or inaccurate payments through the system. Ensure that there are no remaining data conversion issues. 	<ul style="list-style-type: none"> Medicaid applications backlog numbers are now below 100 and are consistent with DHS operations prior to the implementation of the system. The release scheduled for 8/26 includes functionality for Open Enrollment; Medicare Buy-in; Medicaid Notice Denial Reasons; RItShare; Passive Renewal MAGI part 2 and complex parts 1 and 2; Medicaid Reconciliation fixes; DCYF Medicaid fixes; and improvements to Worker Portal and Customer Portal screens

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.

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The priority needs and objectives supported by this IAPDU, are described in the *Assessment of the United Health Infrastructure Project*, released by the state February 2017. IT goals are described in the Project runway. Further details about objectives follow in the sections below.

The focus for UHIP for at least the remainder of FFY17 will be on recovery efforts from the rollout of Phase 2 of the system in September of 2016. This will continue into FFY 2018. This IAPDU has been revised to support efforts to address challenges resulting from the September 2016 system release and to get the UHIP project on track. The state has developed a Project Runway of releases to improve the system’s performance and ability to meet program needs. The IAPDU as revised covers the state’s recovery plan for UHIP and will support improvements in project governance, IT management and process, increase permanent and term-limited staff, and improve training and change management; it will support system testing and release quality.

While, ultimately, the objective is to completely stabilize the system and bring it into full compliance across programs served, there are several other priorities that demand the states attention including;

- Clearing the remaining backlog items back to a more manageable level
- Accurate Medicaid Termination and Reconciliation
- Eligibility determination accuracy and timeliness
- Open Enrollment (OE) Readiness

Overall, the State expects to meet the following high level milestones, which are laid out in greater detail in Section 9:

Anticipated System Improvement Phase	Description	Timing
Stabilization	Backlogs are cleared out; Reconciliation is at maintenance level; Notices, eligibility, payments and enrollments meet KPIs	Current – 3/30/18
Stabilization Reduced	System is fully compliant across programs no later than June 2018. 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 in the future.	3/1/18 - 9/28/18
Maintenance and Operations Plus	Specific objectives include: mobile-enabled user experience; unified architecture; configurable rules engine; improved user interface	10/1/18 – 6/28/19
Maintenance and Operations	Enhancements are minor and/or to meet emerging federal and state policy changes or regulatory requirements	7/1/19 – Ongoing

4. REQUIREMENTS ANALYSIS, FEASIBILITY STUDY, AND ALTERNATIVE CONSIDERATIONS

This IAPDU is focused on stabilization of the existing system into Q2 of FFY 2018. As such our focus is on meeting existing requirements through the Project Runway and in further negotiation with the systems integration vendor.

5. COST BENEFITS ANALYSIS

There are no changes to this section in this IAPD-U at this time. Re-assessment of cost benefit analysis is dependent on 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 new 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 will be focused in IT delivery and quality, compliance, staffing and training, governance, operations and stakeholder engagement. Toward the end of FFY 2018, the state will begin transitioning activities more toward maintenance and operations, as the project runway projects a more stable and cohesive system at the end of FFY 2018.

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

To measure progress, we have developed executive Key Performance Indicators (KPIs) that are reported weekly. 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.

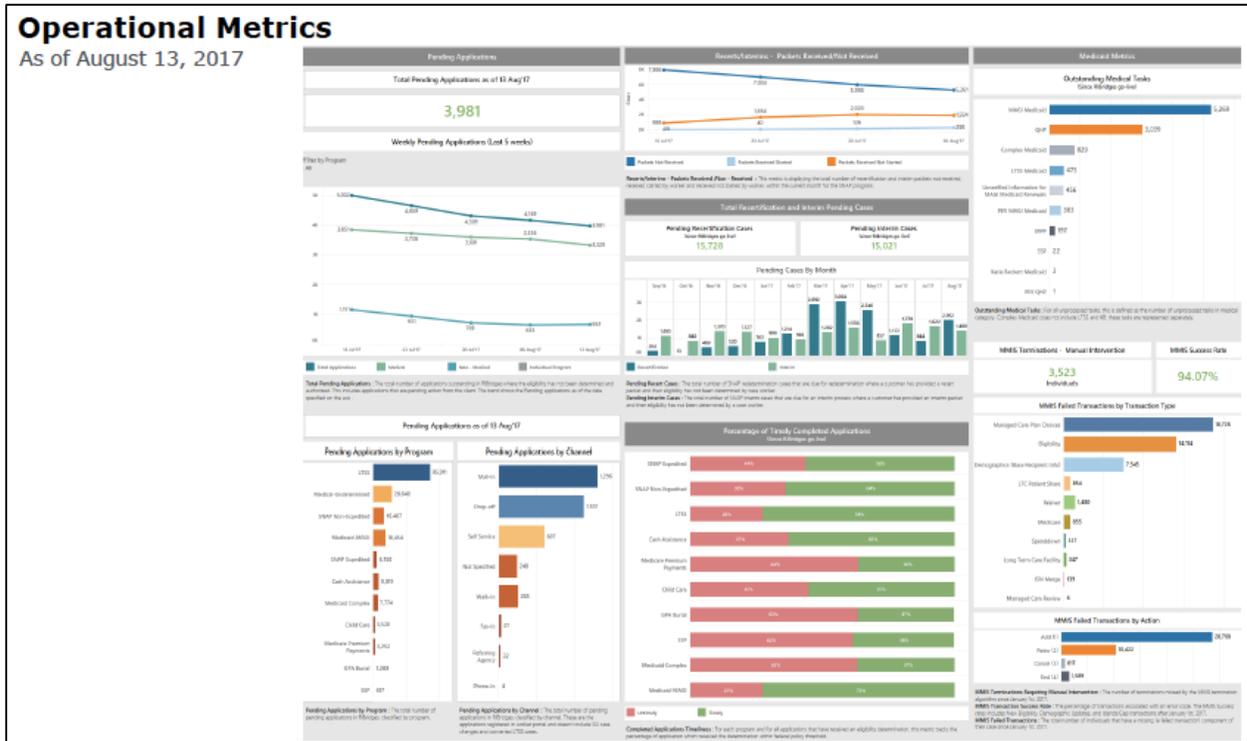
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The executive dashboard (see screenshot below) combines technology metrics, like one-touch processing with operational metrics, like the size of backlogs, to show a one shot view of how well the “business” is performing with support from the IT.



The operational dashboard (screenshot below) shows project leadership and managers the work in queue for DHS and Medicaid workers.

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Each has expanded as new metrics can be vetted in response to program needs. These include Medicaid category discrepancies, like HCBS referrals. Expanding and improving these dashboards is ongoing work.

Since the release of the 30-Day Assessment, the state has taken steps to improve governance, oversight, accountability and project management. An ITIL-informed IT governance model was built out, wherein previous processes were evaluated, altered and added into a comprehensive IT governance model to close process gaps. Please see the following section for a listing of IT and program governance boards.

Based on experience and past challenges, the following key considerations were incorporated into this IT governance structure:

Governance Process and Documentation	The processes will be clearly documented and communicated, so that all stakeholders know what they need to do, and when. This includes the use of tools, templates, and forms to support the governance processes.
Cross-Agency Participation	There will be cross-agency participation included across the governance structure.
Prioritization	There will be one list of project priorities, and this list should be determined by cross-agency stakeholders from the State, and focus on changes that will provide the most impact

Roles & Responsibilities	Roles & responsibilities will be clear for each of the governance boards and committees, as well as the supporting governance processes. This includes the process for escalation and documentation.
Release Planning	Release planning will be aggressive, but will be carefully planned to consider impacts on quality. There will be checkpoints for the State to ensure proper cross-agency priorities and interdependencies are identified.
Incident and Problem Management	The process for incident and problem management will be clear to all key stakeholders, including specific details on how to log/track incidents, the triage and prioritization process, root cause analysis, and the communication approach when a ticket is resolved.
Project vs. Ongoing Work	There will be a clear delineation between project work and ongoing work, including stakeholder ownership, allowing focus for both types of activities.
Progress Updates	Progress updates should be transparent and clearly understood by key stakeholders.

In addition to improvements in IT Governance, the state is engaged in developing a Target Operating Model to support non-IT related change management and operations across the enterprise (Governance). Development of the model is scheduled to be completed in October 2018 and will include the following key elements:

Project Elements	Description
As Is Model	Document current state (As-Is Model) of UHIP relative to governance including the structure, decision-making, information flow, tracking, and reporting on meeting the tenants of the Program Charter.
Target Operating Model	Design and document the desired target state operating model for UHIP governance (informed by leading practice), including governance bodies, interactions, information flow, policies, standards, processes, decision-making authority, key performance indicators, and reporting needs.
Governance Structure	Design and document program governance layers and levels of guidance. Membership and responsibilities for effective planning, decision-making and oversight of UHIP projects.
Chart of Accountabilities	Graphical representation of the varying levels of authority within the UHIP governance framework, including committee and role charters.
TOM Implementation Roadmap	Define implementation strategy and schedule to shift from the current state to achieve the target state program governance operating model over time - a high-level path and timeline based on the State's priorities.
Governance Document	Final documentation set and roll out for project participants.

7. PROJECT MANAGEMENT PLANNING AND PROCUREMENT

The state has engaged state staff and vendors to support the overall recovery efforts and to support project management. There are several contracts that will end throughout the federal fiscal year, and the state will continue to assess each contract on an as-needed basis moving forward.

The UHIP governance structure continues to evolve as an IT Operating Model has been implemented and as a Governance model is in development. The goals of the evolving governance model are to improve project management performance and accountability across the enterprise. In particular the development of the Target Operating Model will serve to continuously improve the project in the following ways:

- Governance Structure - Improved definition of the levels of program governance and how issues are escalated for resolution between layers.
- Governance Instruments – Establish governance instruments (policies, procedures, principles), dashboards, and processes to track progress against objectives and key performance indicators, and mitigate risks. These instruments will assist in prioritization and management of projects and designs, which will be documented and communicated. Governance instruments will facilitate key decisions for UHIP governance.
- Decision Rights - Assign decision rights and authorities to appropriate roles and governance bodies, including entities such as EOHHS, DHS, Medicaid, HSRI, DOIT, and DOA.
- Resource Demand Management - Be able to direct and control the allocation of human and financial resources to each UHIP project to ensure the overall delivery of UHIP value, and provide structure around the federal Advanced Planning Document process
- Scope - Proactively oversee and control program and project scope to assist with the state’s goals and recovery efforts.

Current active governance work includes the following IT Operating model and program groups. Details of each committee is outlined below:

- UHIP Turnaround 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.
- UHIP 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 maintenance 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.

8. PERSONNEL RESOURCE STATEMENT

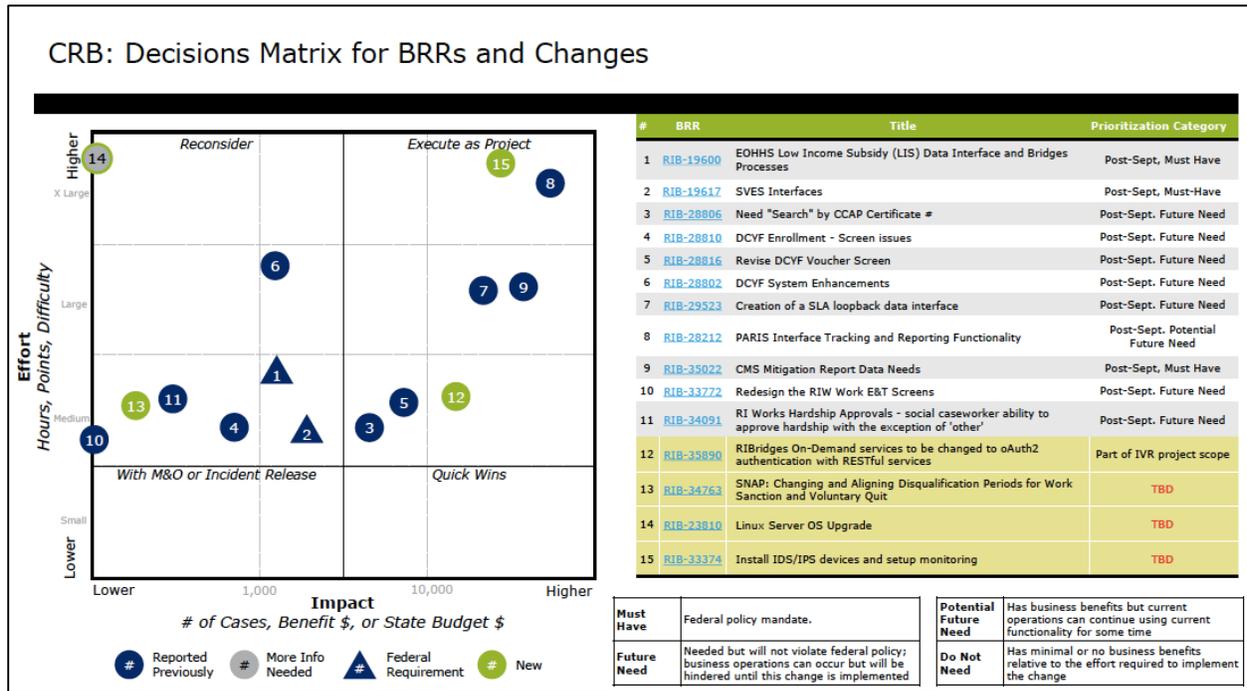
Please refer to the sections below for a description of staffing requirements and personnel costs, including key personnel. Please also refer to Attachment C – Staffing for a full listing of staff by organization, name, title and cost.

9. PROPOSED ACTIVITY SCHEDULE

For planning purposes, the State is working towards the high level schedule noted in section three, and the more detailed timeline in Attachment B. Currently the State has agreement with Deloitte on the Project Runway, which runs through September 2017 and is also provided as Attachment D.

The State is in negotiations with Deloitte for the term beyond September 2017. The timeline that follows is subject to the revision based on the outcome of the negotiations. 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 used in Maintenance Planning Committee and the Change Review Boards to identify the impact and level of effort for changes that are included in the Project Runway, and within the Runway, “M&O” 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. 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:

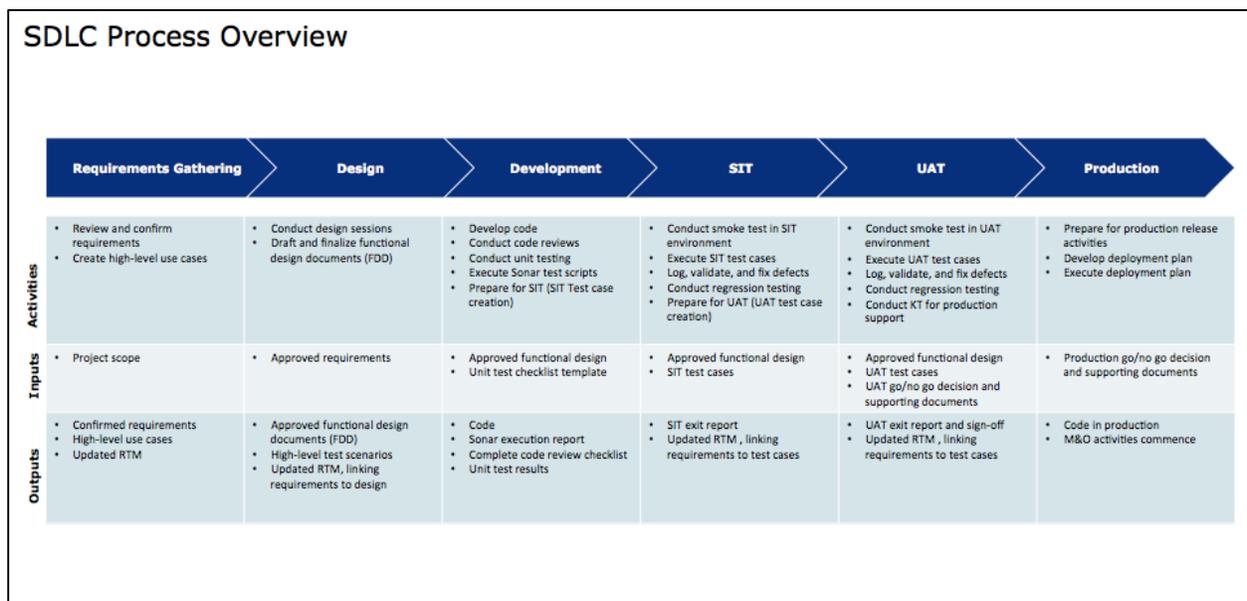
- Must Have – Federal policy mandate
- Future Need – Needed but will not violate federal policy; business operations can occur but will be hindered until this change is implemented.
- Potential Future Need - Has business benefits but current operations can continue using current functionality for some time.
- Do Not Need – Has minimal or no business benefits relative to the effort required to implement the change.

Our critical focus is compliance. In evaluating the business need, we look to the Key Performance Indicators in the dashboards as noted in previous sections. The state assess the degree to which a system change will move the needle in areas like the following:

- Backlog clearance and prevention
- Timeliness of application processing
- One-touch application processing and self-service take up
- Reconciliation discrepancy reduction
- Eligibility, payment and benefit accuracy
- Notice timeliness and accuracy
- Clearance of customer escalations
- Clearance of tasks

As the State looks ahead for opportunities to continuously improve adherence to schedule and quality of change in the system, there are some opportunities to more rigorously implement the IT Operating model and hold stakeholders accountable. One key area for the state to explore is the current contract negotiations with the vendor.

In the context of ongoing vendor negotiations, the State is continuously improving implementation of the IT Operating model. Key areas of opportunity are in the area of 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

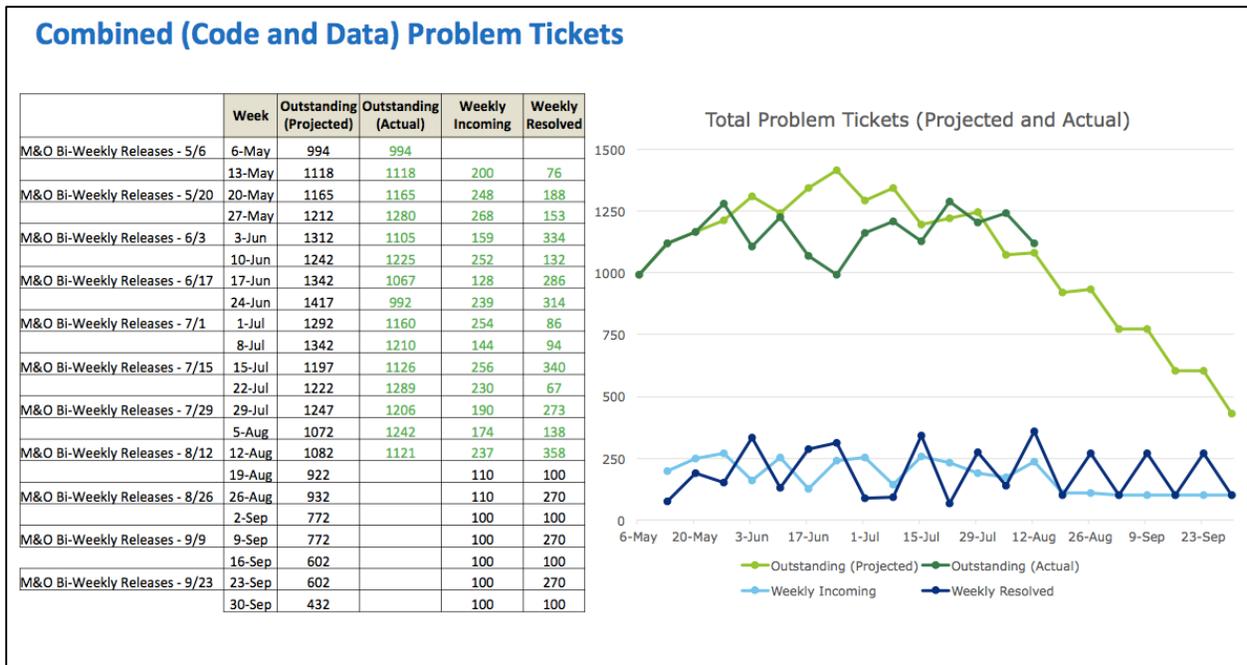
1. Test cases have been executed and passed (or deferred to a future release, if approved by State)
2. Mutually agreed upon Severity 1-Critical or Priority 1-Critical work requests identified 30 days before the planned end of UAT have been tested and closed. Anything identified within 30 days of the 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

To date, the the project has faced challenges in designing, developing and implementing the volume of change required for the system within the accepted schedule. There is an opportunity in the upcoming schedule to improve implementation of the IT Operating model and to better meet schedule and quality requirements. As we look ahead to Open Enrollment from November 2017 through January 2018, we plan to minimize change to the RI Bridges production environment to reduce risk of service disruption during this critical enrollment period. This will allow for improved adherence to formal exit and entrance criteria between SDLC phases.

The Timeline

August 17, 2017 – September 30, 2017

This period is marked by resource intensive DDI, implementation support and M&O. Releases 7.11, 7.12 and 7.13 will bring substantial change towards improving performance against key indicators and towards compliance. Release 7.11, scheduled for August 26, 2017 includes functionality for Open Enrollment; Medicare Buy-in; Medicaid Notice Denial Reasons; RlteShare; Passive Renewal (MAGI part 2 and Complex parts 1 and 2); Medicaid Reconciliation fixes; DCYF Medicaid fixes; and improvements to Worker Portal and Customer Portal screens. The scope for Release 7.12 is to be determined through the Maintenance Prioritization Committee's routine work of evaluating fixes per criteria discussed previously in this document. Please see the following screenshot of the combined (code and data) Problem Tickets, projected and actual for the period 5/6/17 through 9/30/17:



The state will monitor performance against the target as the estimates for incoming tickets may be too optimistic. This potentially optimistic forecast of incoming tickets could be offset by higher than forecasted closure rates (some releases exceed 300 resolutions).

Release 7.13 includes additional changes detailed in the Project Runway for LTSS, CCAP, Worker Portal, Customer Portal, RiteShare, Reporting, KPIs, EDM, Interfaces, PEV (Phase 2), and Auto-Eligibility Updates: Medicaid Verification Batch.

These three releases if implemented as scheduled are expected to help the project improve compliance and business outcomes as measured in the previously noted dashboards.

October 1, 2017 – March 30, 2018

To restate a caveat from earlier in the document, negotiations are ongoing with the system integration vendor for work beyond September 30, 2017. The State has included 'TBD' for Deloitte's FFY 2018 and FFY 2018 budgets. As negotiations proceed, the State will work with CMS and FNS to review contract amendments for approval and to prepare for a formal IAPDU to reflect the scope, cost and timeline.

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.

Rhode Island Unified Health Infrastructure Project (UHIP) Medicaid Eligibility and Enrollment
(EE) Implementation Advanced Planning Document (IAPD)
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The State will minimize changes to RI Bridges Production environment in order to support Open Enrollment with a stable, non-disruptive environment. Additional activities will include final wrap-up of Medicaid caseload management tasks.

To the extent that current Project Runway functionality is not successfully deployed, it will be evaluated in negotiations with the vendor for upcoming release.

With change minimized in the RI Bridges production environment, the State will consider a November release focused on reporting, KPIs and notices. These period could also include design, development and testing for a potential February 2018 release. This release may include: changes to the Customer Portal to reduce the number of screens and questions that users encounter; changes to Notices so that reason codes are expressed in the appropriate language; changes to the data sync protocol to reduce inconsistencies; improvements to work management tools, including the worker inbox. Additional design and development will begin for a June 2018 release.

April 1, 2018 – September 30, 2018

DDI for this period may include testing and deployment of a major release in June 2018. This 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 February 2018 Release. But for planning purposes, June is a more conservative estimate.

A June 2018 release would be focused on any Project Runway functionality that remains through the September and February releases as well as system performance improvements to reduce transaction times and improve data accuracy both within the system and through all of the critical interfaces. Additional design and development will begin for a September 2018 release.

The potential September 2018 release would be focused on improving the user experience for workers and customers. It will include navigation aids, greatly enhanced on-screen help, and in-line error checking. 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.

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

April 1, 2019 – September 30, 2019

DDI would include testing and deployment of a June 2019 release. The objectives for the release would include: a fully mobile-enabled user experience; 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 be extended 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

Table 3a: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,949,016	\$ 3,949,016	\$ 7,898,032
Allocated Medicaid Personnel	\$ 17,050	\$ 230,842	\$ 422,439	\$ 367,121	\$ 1,110,023	\$ 3,111,715	\$ 4,690,042	\$ 4,789,468	\$ 14,738,700
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 715,650	\$ -	\$ 715,650
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	TBD	TBD	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,290,480	\$ -	\$ 1,290,480
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,548,564	\$ -	\$ 1,548,564
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	\$ 1,960,779	\$ -	\$ 10,863,525
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,345,044	\$ -	\$ 9,345,044

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	Project Total
Design, Development & Implementation									
Implementation Support Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ -	\$ -	\$ -	\$ 173,667	\$ 1,356,087	\$ 620,352	\$ -	\$ 2,150,106
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ 740,369	\$ 5,781,215	\$ 2,644,665	\$ -	\$ 9,166,249
Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,726,587	\$ -	\$ -	\$ 6,726,587
Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,755,408	\$ 1,989,000	\$ 9,744,408
Data Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 351,413	\$ 310,262	\$ -	\$ 661,675
Exchange Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,498,125	\$ 1,322,692	\$ -	\$ 2,820,817
Medicaid Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ 11,448	\$ -	\$ 365,369
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ 36,914,402	\$ 10,727,484	\$ 298,510,765
Maintenance & Operations									
State Personnel									
DHS Eligibility Support	\$ -	\$ -	\$ 2,235,112	\$ 1,134,566	\$ 1,132,600	\$ 3,137,543	\$ 6,801,748	\$ 4,591,836	\$ 19,033,405
EDM Scanning and Indexing Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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
Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reconciliation Services and Operations Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 504,296	\$ 2,166,481	\$ 2,614,372	\$ 5,285,149
Data Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,003,667	\$ -	\$ -	\$ 2,003,667
Data Management Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,769,033	\$ 3,480,960	\$ 5,249,993
UHIP Security & Support	\$ -	\$ -	\$ 50,962	\$ 553,045	\$ -	\$ -	\$ -	\$ -	\$ 604,007
UHIP Security & Support Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 435,735	\$ -	\$ -	\$ -	\$ 435,735
UHIP Security & Support Integrated Solution 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,146,852	\$ 7,287,408	\$ 9,434,260
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	TBD	TBD	\$ -
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	\$ 14,407,334	\$ -	\$ -	\$ 35,888,438
Ongoing Hosting/M&O SFY16 and Beyond Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,627,328	\$ 11,634,852	\$ 23,262,180
OESP	\$ -	\$ -	\$ 65,625	\$ 86,458	\$ 56,250	\$ -	\$ -	\$ -	\$ 208,333
Outreach and Education	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total M&O Cost	\$ -	\$ -	\$ 17,977,703	\$ 22,592,852	\$ 30,106,790	\$ 20,704,130	\$ 24,761,442	\$ 29,859,428	\$ 146,002,345
Total Project	\$ 17,050	\$ 17,713,402	\$ 66,075,020	\$ 81,116,784	\$ 117,129,442	\$ 60,198,656	\$ 61,675,844	\$ 40,586,912	\$ 444,513,110

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.

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

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

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

The following table shows key project staff, their department, title and key role:

Key Personnel	Agency	Title	Responsibilities
Zachary Sherman	HSRI	Director	Executive Management and Oversight
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
John Raymond	DOA	UHIP CFO	Budget
Michael Lombardi	DOIT	Assistant Director of IT Operations	Information Technology Lead
Vanessa Doorley	DOIT	IT Project Manager	UAT Lead
Celia Blue	DHS	Chief of Staff on loan to DHS	Training and DHS IT
John Bonin	Medicaid	Chief of Staff	Oversight of Operations, Policy & IT for Medicaid
Kim Brito	DHS	DHS Policy and Operations	Agency business Requirements & Implementation

The total State Personnel – All Other budget for FFY 2018 is \$3,949,016.

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 \$4,690,042.

Total Cost State Personnel FFY 2018 = \$8,639,058

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, along with the new Runway timeline, \$715,650 is being requested through FFY 2018 with Phase 2 and Integrated Solution allocation.

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.

PCG Total Cost FFY 2018 = \$715,650

10.1.3. Contracted Services – Technology Implementation Vendor

The State is currently is in negotiations at this time for the technology implementation vendor, Deloitte Consulting and is not requesting any funding until negotiations are finished. The State will file another IAPDU request once the funding with Deloitte has been determined. This will include software and hardware costs to be determined. Throughout FFY 2018, we anticipate three major releases that will address several core issues that are impacting the system as listed in Section 9 above. In summary, the following is a summary breakdown of the activities that we take place to prepare and roll out by quarter.

FFY 2018 Q1: From a development and implementation perspective, Deloitte would continue to design and develop key features that will be included in the February 2018 release. A November release focused on Data, Reporting and Notices is possible. Additional details of the contents of that release can be found below.

FFY 2018 Q2: The first major release will happen in February, 2018. The major focus of the DD&I work will be to test and implement all of the additional scope. At a high level, this release would include the following;

- Changes to the Customer Portal to reduce the number of screens and questions that users encounter;
- Changes to Notices so that reason codes are expressed in the appropriate language;
- Changes to the data sync protocol to reduce inconsistencies;
- Improvements to work management tools, including the worker inbox.

It is expected that by the June 2018 Release, if not before, the system will be “fully operational” from a MAGI, non-MAGI, Marketplace and human services eligibility functionality perspective.

FFY 2018 Q3: Additional development and testing will occur during Q3 in preparation for a second release in June 2018. This release will focus on:

- System performance
- Reducing transaction times
- Improving data accuracy both within the system and through all of the critical interfaces

FFY 2018 Q4: DD&I will be expended for testing and deployment of a major release in September, 2018. This September release will be focused on improving the user experience for workers and customers. It will include the following;

- Navigation aids
- Enhanced on-screen help
- In-line error checking.

A key goal will be readiness for November 1 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 in the future.

Deloitte DD&I Total Cost FFY 2018 = TBD

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. Other scopes of work that will be completed by CSG is User Acceptance Test (UAT) Oversight and Coordination, and System Security Assessments costs have been updated to reflect actual expenditures. The state has decreased the CSG budget by \$251,074 from the May 2017 submission.

CSG Total Cost FFY 2018 = \$1,290,480

10.1.6. Contracted Services – InRhodes Conversion and Bridging

InRhodes' Conversion and Bridging contractor, Northrup Grumman Information Systems, Inc. (NGIS) services will continue its role in providing conversion and bridging services on the project during the new roadmap timeline. NGIS will also be performing InRhodes Maintenance & Operations, UHIP RIBridges Interface User Acceptance Testing, and UHIP IT Transition Support. NGIS will be allocated to DD&I Q1-Q3 of FFY 2018.

NGIS DD&I Total Cost FFY 2018 = \$1,548,564

10.1.7. Contracted Services – Contact Center

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

10.1.8. Contracted Services – Other Contracted Services

10.1.8.1. Medicaid Management Information System Integration

Additional work is still being conducted as necessary to ensure proper communication between the MMIS and the RI Bridges solution. This is still managed by Hewlett Packard Enterprises (HPES). Additional detail is provided below for their specific scope of work.

MCI-ID

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

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

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

Human Services Data Warehouse

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

In the early spring of 2016, the State decided to update the data feeds and allow only data elements that are critical to reporting to be sent to the HSDW. A separate effort, to assess the HSDW and determine its direction for future data and reporting needs, is to be conducted. Further HSDW enhancements will be required. Throughout this process, HPE will be called upon to explain or resolve concerns.

HPE Total Cost FFY 2018 = \$1,960,779

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 = \$9,345,044

10.1.8.3. Implementation Support Services

The state is requesting \$11,020,426 in FFY 2018 for technical assistance for helping State staff with implementation tasks such as implementation planning, implementation readiness, cut over support, and post implementation triage of system problems and defects. There are a total of five (5) vendors under this category. Scope of each vendor is detailed below.

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

- DDI implementation support;
- Establishing workarounds for functionality that is not yet implemented;
- Support SDLC process from start to finish ensuring quality through DDI cycle;
- Release validation to ensure successful code merges; and

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- Identifying gaps as reporting through customer facing channels and determining solutions

This scope is allocated 19% to the Exchange, and 81% to Medicaid.

*FCG Implementation Support Total Cost FFY 2018 = **\$3,265,018***

2. KPMG will support the State by providing the following services:

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

*KPMG Implementation Support Services Total Cost FFY 2018 = **\$242,720***

3. Business Process Redesign Services will assist the state by helping to realign eligibility processes to promote one-and-done processing. This vendor will support in developing and implementing tools to support work processing.

- Reengineering business practices supporting the eligibility determination.

*Business Process Redesign Total Cost FFY 2018 = **\$1,500,000***

4. IBM will support the State by providing the following services:

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

*IBM Total Cost FFY 2018 = **\$5,772,688***

5. KBMakers will support the leadership team of strategic goals and initiatives to help stabilize the system.

*KB Makers Total Cost FFY 2018 = **\$240,000***

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

Table 4: Implementation Support Services Costs

Vendor	Cost
FCG	\$3,265,018
KPMG	\$242,720
Business Process Redesign	\$1,500,000
IBM	\$5,772,688
KB Makers	\$240,000
Total	\$11,020,426

10.1.9. Contracted Services – Data Management

Freedman HealthCare will continue to provide Data Management services. These services are provided by and include:

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

Freedman DD&I Total Cost FFY 2018 = \$1,632,953

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

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 \$11,448 for FFY 2018 (\$1,975,616 reduction from May 2017 submission).

Table 5: Hardware and Software Costs

Function	Description	FFY18 Update
Contact Center Network Circuit	Point to point connection between the contact center and the Warwick data center. Circuit will be used to access the worker portal on the state network. This will provide a dedicated, stable and secure connection that does not require MFA authentication.	\$11,448
Total		\$11,448

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 6: COTS

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

10.2. Maintenance and Operations Costs

10.2.1. State Personnel – DHS Eligibility Support

Costs have been updated to reflect actual expenditures to date, adjust for timing and reflect the State’s recovery and stabilization initiative. FFY 2018 Eligibility Technician and Supervisor costs are \$ 2,570,513 using a 75/25% cost allocation plan. The Eligibility Technician and Supervisors will continue to assist in the Medicaid backlog of applications.

The State is also requesting \$ 4,231,235 using a 75/25% match rate for five additional resources to identify and correct discrepancies between the states eligibility and enrollment systems. These individuals will work on nightly and monthly reports, which display discrepancies in eligibility and enrollment segments and resolving the discrepancies. These individuals will validate information related to the reconciliation.

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

Table 7: DHS Eligibility Support

M&O	FFY18
DHS	\$ 2,570,513
DHS Additional Resources	\$ 4,231,235
Total	\$ 6,801,748

DHS Eligibility Support Total Cost FFY 2018 = \$6,801,748

10.2.2. State M&O – Other

This category presents in-house costs of maintenance and operations of the UHIP platform. In this IAPD-U, Rhode Island’s requests include operating costs for new application forms, local office site preparation/infrastructure, central printing and mailing, and licenses. The 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

10.2.3. Contracted Services – Reconciliation Services

The State is requesting \$2,166,481 in FFY 2018 (a \$1,181,589 decrease from May 2017 submission) for post-implementation and 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.

Hewlett Packard Enterprise Services (HPES) will assist the state with the following;

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

HPES Reconciliation Services Total Cost FFY 2018 = \$1,820,356

Xerox (Conduent) 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.

Xerox Reconciliation Services Total Cost FFY 2018 = \$346,125

10.2.4. Contracted Services – Data Management

In addition to the Data Management development services described in section 10.1.9 above, Freedman Healthcare also provides the following maintenance services:

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

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

Freedman M&O Total Cost FFY 2018 = \$ 1,769,032

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%. This will ensure the State is in compliance with the new privacy and security control families in MARS-E 2.0.

UHIP Security Total Cost FY 2018 = \$487,500

The state has also included two (2) 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 be stable to the point where FCG's scope because more geared toward operations. This includes the following;

- Operations Management & Analytical Support
- Open Enrollment Support
- Issue Escalation Support

FCG, UHIP Security and Support Total Cost FFY 2018 = \$1,088,339

Northup Grumman Information Systems (NGIS) will continue to perform the scope of services listed in section 10.1.6, but will be allocated to M&O at 75% match starting Q4 for FFY 2018. The services include staff augmentation for the following;

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

NGIS UHIP Security and Support Total Cost FFY 2018 = \$571,012

10.2.6. Contracted Services – UHIP Technology Platform

The state is currently in negotiations with the SI vendor to exercise an option year in the contract to continue Maintenance & Operations to June 30, 2018. The State's requirements for the upcoming M&O period includes supporting 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.

Q1: M&O expenditures will include cost to host the system (hardware and software and operations of the platform, cost of financial services, and cost for routine error fixes and minor enhancements. M&O activities will include final wrap-up of Medicaid caseload management.

Q2-Q4: M&O expenditures will include cost to host the system (hardware and software and operations of the platform, cost of financial services, and cost for routine error fixes and minor enhancements.

Deloitte M&O Total Cost FFY 2018 = TBD

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

- UAT for DHS and EOHHS - Supply Testing staff to perform EOHHS and DHS testing of system releases to stabilize from Phase 2

AHS Contact Center Total Cost FFY 2018 = **\$11,627,328**

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 reviewed and updated the current cost allocation methodology for FFY 2018. The same analysis was conducted as stated in the previous IAPD submissions. Please reference the approved July 2015 approved submission language. Rhode Island has provided the Cost Allocation Plan table below for reference.

Table 9: Revised FFY 2018 DDI Cost Allocation Summary

Program	Total	Percentage
Medicaid & Common	6,110,206	90.96%
TANF	161,299	2.40%
SNAP	165,182	2.46%
GPA	173,513	2.58%
CCAP	84,635	1.26%
SSP	22,314	0.34%
Total	6,717,149	100.00%

Table 10: RIBridges FFY 2018 DDI Lines of Code Analysis

Programs	Lines of Code	Reference Table	Tables	Rules	Total	%
SNAP	160,120	245	158	4,659	165,182	2.46%
TANF	156,730	16	143	4,410	161,299	2.40%
CCAP	80,610	52	96	3,877	84,635	1.26%
MA + KT-Beckett + QHP	75,736	251	60	6,397	82,444	1.23%
SSP	18,726	14	16	3,558	22,314	0.33%
SSI Medicaid	18,726	2	16		18,744	0.28%
GPA	169,999	30	179	3,305	173,513	2.58%
Early Intervention	22,116				22,116	0.33%
Subtotal	702,763	610	668	26,206	730,247	10.87%

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Programs	Lines of Code	Reference Table	Tables	Rules	Total	%
Common/Shared Services	5,983,384	1,462	2,056	-	5,986,902	89.13%
Total	6,686,147	2,072	2,724	26,206	6,717,149	100.00%

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.

Table 11: 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%

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.

Table 12: 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 13a: Cost Allocation

Line Item	Allocation to Benefiting Programs								Federal Match Rates							
	Exchange	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP	Exchange	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%
Allocated Medicaid Personnel		100.00%											90.00%			
Contracted Services																
Project Management Vendor (PCG)																
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%
Technology Implementation Vendor (Deloitte)																
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%
Implementation Support Services		89.50%		2.50%	3.50%	2.10%	1.80%	0.60%					90.00%			50.00%
Technical Assistance Vendor (PCG)																
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 (CSG)																
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%
InRhodes Conversion and Bridging (NGIS)																
Phase 1		100.00%											90.00%			
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%					50.00%			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%

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Table 13b: Cost Allocation

Line Item	Allocation to Benefiting Programs								Federal Match Rates							
	Exchange	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP	Exchange	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP
Contact Center																
Start-up Cost	100.00%									100.00%						
Other Contracted Services																
HPES		100.00%									90.00%					
UAT Technology Support																
Exchange	100.00%									100.00%						
Medicaid		85.00%	15.00%								90.00%	88.30%				
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%		
Implementation Support Services																
Exchange	100.00%									100.00%						
Medicaid		85.00%	15.00%								90.00%	88.29%				
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%		
Data Management																
Exchange	100.00%									100.00%						
Exchange Adjusted 2018																
Medicaid		85.00%	15.00%								90.00%	88.29%				
Medicaid Adjusted 2018																
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%		
Hardware and Software																
Hardware for DD&I and Testing		100.00%									90.00%					
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%		
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%		
COTS Software		100.00%									75.00%					
TOTAL DD&I Cost																

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Table 13c: Cost Allocation

Line Item	Allocation to Benefiting Programs								Federal Match Rates							
	Exchange	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP	Exchange	Medicaid	CHIP	TANF	SNAP	Child Care	GPA	SSP
Maintenance & Operations																
State Personnel																
DHS Eligibility Support		100.00%								75.00%						
EDM Scanning and Indexing Staff	7.30%	61.10%		1.10%	21.90%	1.30%	0.10%	7.20%		75.00%			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%						

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

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

13. CONDITIONS AND STANDARDS FOR RECEIPT OF ENHANCED FFP

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

14. IAPD REQUIRED FEDERAL ASSURANCES

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

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

Table 14: 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

42 CFR 433.112 Section	Y/N/NA
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 interact through well-defined SOAP based web services and in process API's appropriately. Backing all these modules are the key business domain objects designed and developed based on open architectural standards of Model Driven Architectures. "Model" is also realized as a relational database in the overall system. As part of business transactions interactions with third party agencies like CMS – Federal Data Hub calls were also leveraged through standard and well defined set of SOA based interfaces. An appropriate balance was struck to keep different technical components loosely coupled and tightly integrated thus by addressing the key requirements of architecture best practices.

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

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

Service-oriented architecture:

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

invoked using a published “service contract,” allowing connections between RIBridges and multiple programs.

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	5,783,413	1,927,803	1,676,334	558,778	35,019,466	5,549,673	40,569,139
FFY 2015	34,622,473	3,846,942	104,528	34,843	12,710,365	4,236,789	850,925	283,642	48,288,291	8,402,216	56,690,507
FFY 2016	63,608,028	7,067,559	-	-	18,119,292	6,039,765	849,450	283,150	82,576,770	13,390,474	95,967,244
FFY 2017	30,700,135	3,411,128	-	-	11,261,771	3,753,923	2,353,157	784,386	44,315,063	7,949,437	52,264,500
FFY 2018	29,172,090	3,241,343	562,500	187,500	11,520,071	3,840,024	5,101,311	1,700,437	46,355,972	8,969,304	55,325,276
FFY 2019	9,171,618	1,019,068	-	-	15,453,108	5,151,036	3,443,877	1,147,959	28,068,603	7,318,063	35,386,666
FFY 2020	-	-	-	-	-	-	-	-	-	-	-
Total FFY 2012-2019	202,591,967	22,510,222	671,078	223,693	74,848,020	24,949,340	14,275,054	4,758,352	292,386,119	52,441,607	344,827,726

	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%	\$ 2,266,623	\$ 300,347	\$ 2,566,970
FFY 2017	88%	12%	\$ 964,039	\$ 127,862	\$ 1,091,901
FFY 2018	88%	12%	\$ 525,417	\$ 69,687	\$ 595,104
FFY 2019	89%	11%	\$ -	\$ -	\$ -
FFY 2020			\$ -	\$ -	\$ -
Total FFY 2012-2019			\$ 5,644,075	\$ 1,432,712	\$ 7,076,787

	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	\$ 48,290,313	\$ 372,814	\$ 836,533	\$ 49,499,660	\$ 9,168,408	\$ 58,668,068
FFY 2016	\$ 82,576,770	\$ -	\$ 2,266,623	\$ 84,843,393	\$ 13,690,821	\$ 98,534,214
FFY 2017	\$ 44,315,063	\$ -	\$ 964,039	\$ 45,279,102	\$ 8,077,299	\$ 53,356,401
FFY 2018	\$ 46,355,972	\$ -	\$ 525,417	\$ 46,881,389	\$ 9,038,991	\$ 55,920,380
FFY 2019	\$ 28,068,603	\$ -	\$ -	\$ 28,068,603	\$ 7,318,063	\$ 35,386,666
FFY 2020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total FFY 2012-2019	\$ 292,388,141	\$ 994,957	\$ 5,644,075	\$ 299,027,173	\$ 54,869,500	\$ 353,896,673

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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	\$ 58,668,068	71%	\$ 57,438,381	2%	\$ 1,229,687	16.88%
FFY 2016	\$ 117,129,442	\$ 98,534,214	82%	\$ 95,967,244	2%	\$ 2,566,970	0.00%
FFY 2017	\$ 60,198,656	\$ 53,356,401	87%	\$ 52,264,500	2%	\$ 1,091,901	0.00%
FFY 2018	\$ 61,675,844	\$ 55,920,380	90%	\$ 55,325,276	1%	\$ 595,104	0.00%
FFY 2019	\$ 40,586,912	\$ 35,386,666	87%	\$ 35,386,666	0%	\$ -	
FFY 2020	\$ -	\$ -		\$ -		\$ -	
Total FFY 2012-2019	\$ 444,513,110	\$353,896,673	78%	\$346,819,886	2%	\$ 7,076,787	12%

* 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: FFY Budgets by Funding Source

Please see Attachment A as part of the submission package.

Attachment B: Rhode Island UHIP Timeline

Please see Attachment B as part of the submission package.

Attachment C: Staffing

Please see Attachment C as part of the submission package.

Attachment D: RI UHIP Project Runway

Please see Attachment D as part of the submission package.