

**RI UHIP IAPD Timeline**

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

- a) March 2011 - Submitted an application, which received federal approval, for Level One Establishment funding to provide planning support to design Rhode Island's Health Benefit Exchange.
- b) August 2011 - Submitted an IAPD, which received CMS approval for enhanced federal financial participation (FFP) to build and implement a new eligibility rules engine for Modified Adjusted Gross Income (MAGI) Medicaid and State Children's Health Insurance Program (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; this included 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 Rhode Island's approved Establishment II Grant as well as Federal Guidance on January 23, 2012 that encouraged states to build fully integrated eligibility systems, submitted a revised IAPD-U to reflect:
  - Medicaid/SCHIP's share of the revised costs of design, development, and implementation of a fully integrated, combined technology infrastructure for a fully functioning health insurance exchange
  - Medicaid's costs of eligibility-related functions for the complex (Non-MAGI) Medicaid populations, including disabled adults and children, long term care, foster children, etc.
  - Cost allocation (to the human service program) of functions related to specific modifications or additional capacity needed for human service programs to be

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

added to the new Exchange/Medicaid/SCHIP eligibility system. These programs include Supplemental Nutrition Assistance Program (SNAP), Rhode Island Works (RIW), the Child Care Assistance Program (CCAP), 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 the State’s competitive procurement to design, develop, and implement its HIX/IES system, specifically as it relates to the 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. Below is a summary of the project elements and expected impacts contained in this submission:
- Contact center establishment and operations: In order to comply with ACA requirements and establish its State-Based Marketplace, Rhode Island 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: Rhode Island identified additional equipment and personnel that will be required given an anticipated increase in transactional volume resulting from the Exchange, Medicaid expansion, and the individual mandate.
  - 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 thirty term-limited eligibility support technicians to manage applications and eligibility determinations. This additional Department of Human Services (DHS) staff will be located in field offices and the customer contact center; the latter staff will manage the increased Medicaid volume resulting from the ACA, including newly eligible individuals, previously unenrolled but potentially eligible individuals, and referrals to the contact center for ACA Insurance Program enrollments.
  - Outreach and enrollment support program: Rhode Island has secured the services of a vendor to provide statewide Outreach and Enrollment Support Program services to comply with a key provision of the ACA.

- Increase in DDI contract resulting from change orders: The original project scope was adjusted given new federal guidance that followed DDI contract execution.
- h) April 2014 – Updated cost categories to more accurately reflect project costs. Below is a summary of the proposed changes contained in that IAPD-U submission:
- State personnel: The category has been split to better reflect actual cost of dedicated Medicaid personnel.
  - Medicaid Management Information System (MMIS) enhancements: Additional development work has been identified as necessary to ensure proper communication between MMIS and UHIP solutions.
  - Hardware cost: Increase to address the Electronic Document Management initiative.
  - Increase in COTS software cost: To support software integration requirements, additional Master Client Index software is required.
  - Increase in DDI contract resulting from change orders – A few additional changes were identified following system requirements being specified. These are due to Federal Data Services Hub (FDSH) 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, as well as work that is 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 a 12 to 18-month period, as well as 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 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, Qualified Health Plans (QHP) and all human service programs using the same “Worker Portal”. This functionality will improve processing efficiency, uniformity, error reduction, maintainability of the UHIP solution and in addition to reduce the overall cost of system ownership. Also, the

integration of application processing and case maintenance circumvents the potential for data quality and system errors that may result from the need for ongoing, real-time data synchronization of multiple databases.

- The project's road map includes the planned release dates for at least four 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. In addition, State case workers and their agents will be able 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 Portals, as well as for 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 to account for 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 an updated budget forecast for the FFY 2017 and FFY 2018. The changes in cost reflects the project runway developed by the State to stabilize the system, and begin transitioning activities to M&O 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 Food and Nutrition Service (FNS) for approval prior to execution. Please note that the costs are not represented in the budget as zero, but are to be determined pending negotiations.

- n) Update - October 2017 – On October 27, 2017 Rhode Island submitted responses to two outstanding and one new condition of FNS as outlined in its October 6, 2017 letter. In that correspondence, conditional approval was provided for FFY17 and Q1 FFY18. These responses are under review by FNS, to be completed within 60 days of submission by the State.
- o) Update - November 2017 – This submission responds to questions and conditions from CMS and FNS in their past conditional approvals of contract amendments and IAPD-U. It includes updated cost-allocations, a re-forecasted 2018 budget, and an updated, projected 2019 budget. Total costs through FFY 2017 are projected to be \$342M. The total projected costs through FFY 2018 increased from \$404 million to \$407.6 million since our August IAPD submission. This change reflects adjustments made to personnel and vendor forecasts, as well as cost-allocation changes. The new submission also includes FFY 2019 cost projections, bringing the total project cost to \$491.7 million. The State continues to monitor Deloitte’s work closely and will continue to not pay the vendor until the system is stabilized and complete. For FFY 2018, the projected amount to be paid to Deloitte is zero. State leadership negotiated a total credit from Deloitte of \$58.6 million, which will provide for M&O through June of 2018 and will offset additional, unanticipated costs from personnel and contractors related to supporting implementation of the system. Please review Section 2 to find State responses to CMS and FNS questions and conditions, except for a description of cost allocation methodology changes, which can be found in Section 11.
- p) Update – March 2018 – This revised IAPD-U responds to CMS and FNS’ questions relative to approval for FFY Q3 and Q4 funding. The State must be successful in the following areas which are addressed in subsequent sections:

Making meaningful progress towards system stabilization, including: <ul style="list-style-type: none"> <li>- a plan to reach stabilization and reduce defect levels;</li> <li>- a delivery schedule for completion of the HIX/IES system</li> </ul>	Section 9
Strengthening Information Technology (IT) operations and project oversight to mitigate the risk of delayed delivery of functionality or issues with quality in implementation, and to support the implementation of the target operating model	Section 7
Validation of specific costs and cost allocation methodologies	Sections 10 and 11
Consolidated summary of contract support	Section 6

- q) Update – April 2018 – This revised IAPD-U responds to questions following the March 12, 2018 submission and addresses conditions contained within the March 30, 2018 approvals from CMS and FNS. This submission is requesting approval of the FFY 2018 Q4.

- r) Update – June 2018 – this revised IAPD-U provides minor clarifications to form throughout and cost allocation updates proposed for the Q4 of FFY18. Substantive changes have been made in Sections 10 and 11, including the following:
- Conduent – Medicaid contract moved to DDI for Q3 and Q4 of FFY 2018
  - Conduent – DHS support contract has two lines to reflect the appropriate cost allocations
  - Faulkner Consulting Group - FFY 2018 Q4 budget has been moved to DDI
  - The DHS Random Moment Time Study (RMTS) allocation has been updated to reflect the results for the quarter that ended March 31, 2018
  - Automated Health Systems (AHS) contract – Cost allocation has been updated to reflect the proposed call action allocation methodology
  - Testers for User Acceptance Testing (UAT) has been moved to the Northrop Grumman Information Systems (NGIS) DDI budget
  - Sourcing Advisor – Information Service Group (ISG) is added as the sourcing advisor in Sections 6 and 10; and moved from M&O to DDI cost allocation
- s) Update – July 2018 – This revised IAPD-U provides a complete revision to the IAPD including an accounting of FFY18 progress; project planning for FFY19; an FFY19 budget and revisions to cost allocations
- t) Update – Q2 FFY19 Update – This update included changes to cost allocation.
- u) Update – January 31, 2019 - Q3 FFY19 – This update contains budget and cost allocation changes along with updates to contract summaries and other project areas.
- v) Update – April 30, 2019 – Q4 FFY 19 – This update includes the addition of a Medicaid only personnel budget and cost allocation for work related to eligibility determination at OHHS and revisions to some contract scopes and related budgets such as KPMG, KB makers and MWC Consulting.
- w) Update – May 31, 2019 – Q4 FFY 19 – This update includes a budget update for the anticipated approval of Deloitte CA 47 along with some other budget updates such as Freedman. Updates have also been in sections 2 for results of activities of the APD, Section 7 for Project Management, Planning and Procurement, Section 8 for the updated key personnel, Section 9 for the proposed activity schedule, Section 10 for updates to the budget narrative, and Section 11 for an update to the DDI cost allocation methodology which is effective January 1, 2019 and has been approved by CMS.