

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 August 2017. Major updates were made to Section 2 in response to conditions and questions from CMS and FNS. Section 9 has a revision to the project timeline. Budget updates are provided in Section 10. Sections 10.2 and section 11 have changes to cost allocations.

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## 1. EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

- The project’s road map includes the planned release dates for at least 4 major functional upgrades of the Citizen Portal and implementation of the fully integrated Health Care and Human Services solution, RIBridges, in the summer of 2016. Most importantly, the project team posts all project documents to the CMS CALT repository, which provides the details of all Phase 1 – Citizen Portal and Phase 2 RIBridges Worker Portal design, development and implementation deliverables.
  - The 2015/2016 road map envisions an integrated Citizen Portal (Phase 1) that will enable citizens to submit applications and changes via the internet for all health care and human services programs and state case workers and their agents to enter applications and maintain accounts/cases for all health care and human service programs using RIBridges (Phase 2).
  - This IAPD-U also requested funding for upgrading the technical infrastructure to support a larger caseload, increased transaction volumes, and a more functionally rich Citizen and Worker portal as well as improved system security for better user account management, compliance and risk management and advanced intrusion detection and prevention.
  - We are also requesting an adjustment to the cost allocation methodology for many of the cost items to include actual caseload counts and function points.
- k) July 2016 – This as needed IAPD-U provided updated costs for contracts that were renewed/executed with vendors for updated FFY 2017 costs as well as new contracts that were not included in last years approved IAPD. In addition, it outlined Rhode Island’s anticipated approach and roadmap for FFY 2017 in anticipation of a successful go live launch.
- l) May 2017 – This as needed IAPD-U provides a revised budget to support the state’s stabilization and recovery efforts. It includes updated costs for state staffing and vendor support for post go-live stabilization, rescoped design, development and implementation activities to enable successful recovery, and other implementation activities that were previously approved.
- m) August 2017 – This IAPD update includes a reforecasted FFY 2017 budget, and updated budget forecast for FFY 2018. The changes in cost reflects the Project Runway

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

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

## **2. RESULTS OF ACTIVITIES INCLUDED IN THE IAPD**

The State has received guidance and feedback from CMS and FNS regarding requirements for this IAPD submission. This section provides updates related to results of activities included in the IAPD, with special attention to key information requests from CMS and FNS.

### Update regarding meaningful progress toward system stabilization

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

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*Table 1: High Level Project Timeline*

Timeline	Projected Progress	Update
<b>&lt; 3 months</b>	<ul style="list-style-type: none"> <li>• Stop the growth in pending applications and begin to achieve week over week reductions.</li> <li>• 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.</li> <li>• Reach sufficient staffing for State and Deloitte to stabilize the system.</li> </ul>	<p><u>November 2017 Update</u></p> <ul style="list-style-type: none"> <li>• Despite Deloitte’s discovery of unprocessed applications, in one month DHS has reversed the overall backlog trend.</li> <li>• Having executed project releases, the State has now moved to a steadier state release schedule with monthly maintenance releases and 2-3 larger “change” releases for new functionality per year.</li> <li>• The State continues to hold Deloitte accountable to maintain staffing levels until the system is complete.</li> </ul>
<b>3-6 months</b>	<ul style="list-style-type: none"> <li>• Improve the customer user experience to produce, for example, measurable self-service enrollment for SNAP and other DHS benefits.</li> <li>• Observe gains in worker productivity through significant processing time reductions.</li> <li>• Significantly improve application determination times.</li> <li>• See improvements in late or inaccurate provider payments.</li> <li>• Correct most remaining data conversion issues.</li> </ul>	<p><u>November 2017 Update</u></p> <ul style="list-style-type: none"> <li>• Worker productivity has continued to improve as defects in the worker portal decline and after new training initiatives such as the Learning Lab have been launched.</li> <li>• Customer portal experience has improved with releases, including changes to dashboards, password retrieval and other functionality. Additional functionality, especially a more streamlined application processes, is expected in March</li> <li>• In 2017 YTD, we process ~7,605 medical applications per month on average through the system (excluding LTSS)</li> </ul>
<b>6-12 months</b>	<ul style="list-style-type: none"> <li>• Reduce pending applications to steady state levels.</li> <li>• Ensure that the system is ready to handle open enrollment with significant increases in self-service rates through the customer portal.</li> <li>• Ensure that there are few to no late or inaccurate payments through the system.</li> <li>• Ensure that there are no remaining data conversion issues.</li> </ul>	<p><u>November 2017 Update</u></p> <ul style="list-style-type: none"> <li>• Open enrollment is ongoing with minimal defects.</li> <li>• Medicaid termination functionality implemented, with only 10% of notices going through QC before release</li> <li>• Ongoing tracking and monitoring of MMIS reconciliation issues</li> <li>• In 2017 YTD, we process ~7,605 medical applications per month on average through the system.</li> <li>• In 2017, DHS has processed over 18,000 new applications per month on average (across all programs)</li> <li>• DHS processed 21,840 new applications in the month of November, the largest month to date since January 2017 despite the Thanksgiving</li> </ul>

Timeline	Projected Progress	Update
		Holiday with many staff taking time off • DHS has processed 6,538 SNAP applications to date this month, ~1300 more than last month.

Update regarding continued delivery of outstanding functionality

Major improvements have been implemented in the system to support stabilization efforts since August 2017, including the following:

- Implemented passive renewals
- Implemented Auto-renewals
- Correcting the issue that led to the recently reported unaccounted applications
- Improved MCI clearance for workers (reduced error rates)
- Created an HSRI short flow to reduce worker screens
- Implemented Restaurant Meals
- Aligned APTC calculations with CMS-mandated Age Curve Factors
- Improved Portuguese and Spanish language screens for self-service users
- Improved Medicaid case transitions for DCYF kids
- Improved SSP navigation and help text
- Avoid early Medicaid termination for pregnant woman prior to the post-partum period
- Accurate recoupment of SNAP benefits for cases with court ordered recoupment claims
- Ensured that notice reasons are provided for all Medicaid terminations
- Income is verified for each individual in the household prior to receiving MAGI benefits
- SNAP Household Composition logic will include individuals with a valid relationship to any mandatory member.

Update regarding changes to project management

New Deloitte leadership has been brought in to review processes and priorities to drive better outcomes. This new Deloitte team formerly led the recent system project in Georgia and has been assigned to RI. They are already having an impact by bringing new testing tools and a different Release model.

The state recently reviewed and updated the IT Governance model, including improvements to the Software Development Life Cycle (SDLC). A new governance committee, Operations Change Control, was established to provide oversight to IT Operational issues, like security and batches. In addition, we have reconfigured the review and approval processes to improve business validation of all release plans. As a project we have shifted to quarterly enhancement releases instead of monthly.

The State expects the system to be fully compliant by June 30, 2018. The State has identified gaps to be remedied and is currently re-prioritizing system changes for releases in March and June of 2018. These releases will address priority issues for programs including Medicaid's top priorities: appeals and notices, reconciliation between MMIS and RIBridges, Long Term Support Services (LTSS), Eligibility Rules Engine and other CMS Compliance Issues.

Please see the attached Project Runway (Attachment E) for timeline and scope through the March release. June release scope is still in planning phase and will reflect the current re-prioritization efforts underway in the agencies.

### Update regarding development and implementation of the Target Operating Model (TOM)

#### Target Operating Model Development and Implementation

There are four key phases to KPMG's support in developing and implementing a target operating model for agencies served by the RIBridges system. Each phase is listed below with a description of scope and current status.

##### *1. Current State Assessment*

This first phase of the effort is to assess maturity of current governance processes, structure, and accountabilities across the scope of integrated human services programs, including governance of business change, business operations, and alignment of this with IT change and IT operations.

##### Completed to Date:

- Extensive consultation and document review conducted
- Maturity Assessment completed
- Findings reviewed with Core Team and Steering Committee
- Final Draft Deliverable produced

##### Remaining:

- Client Review and Approval of Final Draft Deliverable.

##### *2. Future State Assessment*

The goals of this second phase are to design future state governance target operating model, structure, and accountabilities, and to set target state of maturity for governance of business change and business operations including linkages with IT change & IT operations (models already in place).

Completed to Date:

- Draft Governance Target Operating Model (TOM)
- Draft governance accountabilities (described in 3 scenarios)
- Draft TOM & accountability scenarios
- Draft Governance Structure (committee & role charters)
- Draft templates for all governance checkpoints
- Future State Deliverable drafted

Remaining:

- Complete remaining templates
- Submit Final Draft Deliverable
- Client Review and Approval of Final Draft Deliverable

### *3. Implementation Roadmap*

The third phase of the project is to define the implementation strategy and governance roadmap, including projects, activities, and resource requirements, to implement the future state design and achieve the target maturity level.

Completed to Date:

- Draft Implementation Strategy - five implementation waves
- Draft work breakdown structure – projects and work packages for all waves
- Draft resource requirement estimates for implementation and steady state operations
- Draft deliverable started

Remaining:

- Complete estimates
- Complete draft deliverable
- Submit final draft deliverable
- Client review and approval of final draft deliverable

### *4. Implementation support*

The fourth phase is to provide support for the initial implementation wave. Two-four pilot projects are envisioned. The scope will be finalized once the Implementation Roadmap is finalized.

Completed to Date:

- Approach to Pilot Implementation started
- Candidate pilot projects identified
- “Merged Cases” Pilot Improvement Opportunity Proposal drafted
- “Data Sync” Pilot Improvement Opportunity Proposal started

Remaining:

- Finalize scope of support
- Finalize Charter and Workplan for Wave 1 Support
- Other deliverables TBD based on scope and charter

Update regarding Rhode Island MITA Assessment

In March of 2016, in cooperation with New Hampshire and Massachusetts, Rhode Island issued a request for proposal for consulting services for a MITA 3.0 State Self-Assessment and Related Activities. Through this RFP, CSG Government Solutions was selected. Each state Medicaid agency entered into its own contract with CSG. The Rhode Island contract was signed mid November 2018 subsequent to a long contract negotiation process.

The project's goal is to produce a Rhode Island MITA 3 State Self-assessment (SS-A) using Framework 3.0 and develop a Five Year Strategic Plan for improving MITA maturity levels across the Medicaid Enterprise.

In preparation for this project, the state prepared key documents required for the SS-a. On September 5th, 2017 a six-person team from CSG arrived and formally kicked off the project with a meeting two weeks later. The State provided CSG with a large number of documents and held introduction meetings to inform CSG of the major relevant state and federal agencies, the various processes and applications in RI, and MITA-relevant state personnel. CSG also began making arrangements for "MITA 101" and "Business Process" trainings to be provided to the state.

CSG prepared and submitted a number of Deliverable Expectation Documents (DEDs), which the state subsequently approved. CSG is on-site and on-schedule. A MITA training schedule has been completed and training sessions began during the first week of October 2017 including MITA 101, MITA Business Architecture Principles and MIT Information and Technical Architecture trainings.

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

Update regarding Current and Future KPMG Work

*Past and current*

KPMG has been providing providing Technical Assistance, User Acceptance Testing (functional design documents reviews, recommended test scenarios/test cases development) and Post-Implementation Support, the State had a need for day-to-day support throughout the lifecycle for each RI Bridges release, from design session support to post-implementation floor support. The KPMG team served as a strategic advisor with the State to help ensure that functionality designated for in-scope releases is thoughtfully assessed and analyzed against State's requirements and regulations before it is placed into production.

An example of post-implementation support is ensuring that issues with release are identified, logged, tracked and processed from operations to IT. Towards this goal, KPMG is supporting the state in implementing a Tier 2 Issue Escalation Model (IEM) on a field office level. This 'future state' model closely resembles the IEM being utilized at the Healthsource RI (HSRI) Contact Center and the DHS Hotline at the Providence Field Office (both of which are referred to as "Tier 2"). DHS has decided to pursue a phased in approach of this model, beginning with a pilot implementation at the Providence Field Office.

In addition, KPMG engaged with The State to establish and execute an Interagency Operating Model, including a Target Operating Model (TOM) for UHIP governance. KPMG has been assisting the State to identify collaboratively designed and standardized business and technology processes that document points of contact, streamlines communication channels, and improve interagency handoff efficiency. Through the use of facilitated workshops designed to elicit the strengths and weaknesses of the Agencies including Department of Human Services (DHS), Executive Office of Health and Human Services (EOHHS), HealthSource RI (HSRI) and Division of Information Technology (DOIT), KPMG team assisted the State to document the guardrails for technology, business process, and staffing, and the desired future state of the UHIP infrastructure.

#### *KPMG Future Support (CY2018)*

The State is exploring options to support ongoing quality assurance (QA) of design documents, participation in design sessions, and monitoring of system behavior during UAT and to maintain a presence at the Contact Center and DHS field offices (new issues escalation model implementation) as mutually agreed necessary for post-implementation support. Ongoing support of contract resources will also be required to support implementation of the roadmap to the future state governance model approved by the State. Ongoing Technical Assistance, User Acceptance Testing (functional design document reviews, recommended test scenarios/test cases development) and Post-Implementation Support, throughout the lifecycle for each RI Bridges release, from design session support to post-implementation floor support.

#### Update regarding Deloitte credit

Deloitte provided two credits for the UHIP project. The first was for \$27 million and the second was for \$58.6 million, totaling \$85.6 million. These credits are for work invoiced or expected to

be invoiced by Deloitte that the State will not pay per contract amendment 44. Because the credits are for invoices that were not paid or for services that have not yet been invoiced, no federal funds have been drawn down on services that are credited. There will be no payment to Deloitte in FY18.

Some of the funds that were budgeted to be expended in FY 2017 were not expended as a result of the credit. These funds will be requested as part of the Governor’s FY18 Revised Budget Request and will be used to support FY 18 unanticipated costs for personnel and contracted services.

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

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

The priority needs and objectives supported by this IAPDU, are described in the *Assessment of the 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 will be on recovery efforts from the rollout of Phase 2 of the system in September of 2016 through FFY 2018 and FFY 2019. This IAPDU has been revised to continue 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 and since revised 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. Overall, the State expects to meet the following high-level milestones, which have been updated since the August 2017 submission, and which are laid out in greater detail in Section 9:

*Table 2: High Level System Milestone*

Anticipated System Improvement Phase	Description	Timing
Stabilization	Backlogs are cleared out; Reconciliation is at maintenance level; Notices, eligibility, payments and enrollments approaching KPI’s. System is fully compliant across programs no later than June 2018.	Current – 6/30/18

Anticipated System Improvement Phase	Description	Timing
<b>Stabilization Reduced</b>	A roadmap for CY19 architectural changes will be developed ensuring that system components can be updated to support more self-service, improved security, and rules flexibility in the future. SLA's and KPI's frequently met.	7/1/18 - 12/31/18
<b>Maintenance and Operations Plus</b>	Specific objectives include: improved self-service; architecture updated to latest standards for Linux and Oracle; configurable rules engine; SLA's and KPI's consistently met.	1/1/19 – 6/28/19
<b>Maintenance and Operations</b>	Enhancements are minor and/or to meet emerging federal and state policy changes or regulatory requirements; SLA's and KPI's consistently met.	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 funds for stabilization and recovery efforts. The nature of the work since the UHIP recovery effort began in January 2017 and for the remainder of FFY 2018 and FFY 2019 will be focused in IT delivery and quality, compliance, staffing and training, governance, operations and stakeholder engagement. Toward the end of FFY 2019, the state will more fully transition activities to maintenance and operations.

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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.

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.



<b>Roles &amp; Responsibilities</b>	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.
<b>Release Planning</b>	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.
<b>Incident and Problem Management</b>	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.
<b>Project vs. Ongoing Work</b>	There will be a clear delineation between project work and ongoing work, including stakeholder ownership, allowing focus for both types of activities.
<b>Progress Updates</b>	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 CY 2018 and will include the elements described in Section 2 of the document.

## 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 revised 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. An overview of the Governance work is provided in Section 2. 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.

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- 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.
- Operational Control Board (OCC) - Responsible for reviewing and monitoring capacity metrics, timing of major upgrades, DevOps and Infrastructure Operations, Security Operations, and Architecture Operations

## **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.

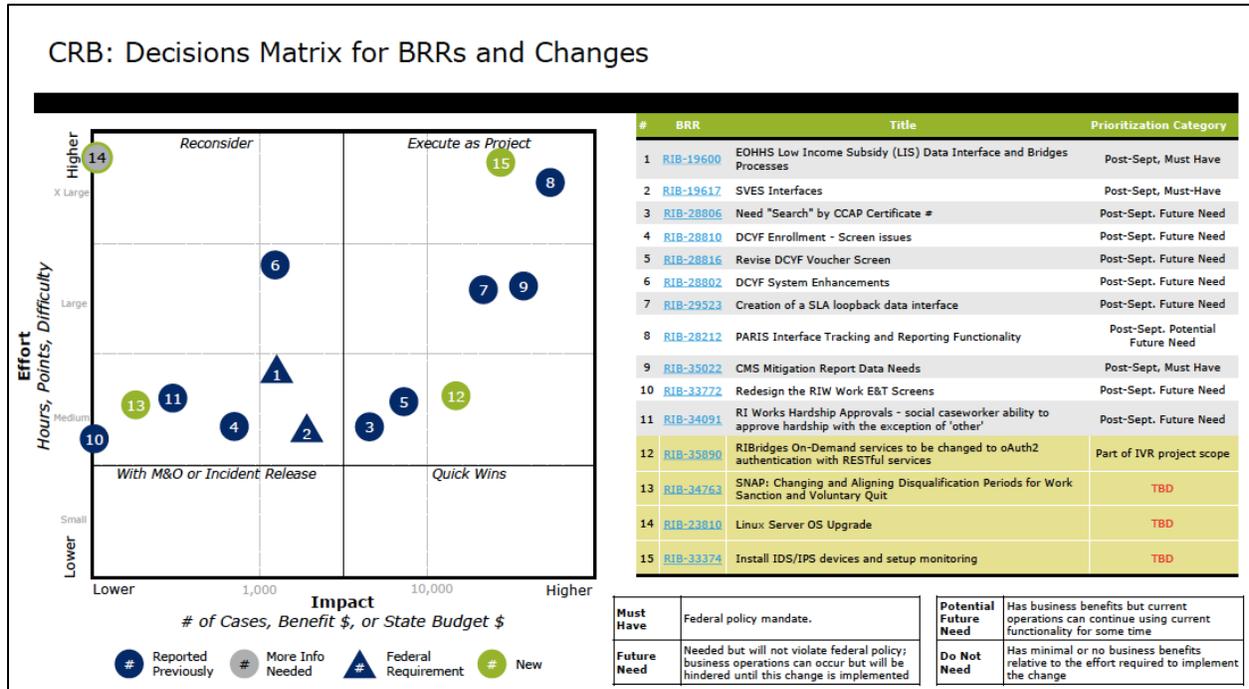
## **9. PROPOSED ACTIVITY SCHEDULE**

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 March 2018 and is also provided as Attachment E.

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

As negotiations proceed, the state will continue to leverage the IT Operating Model and criteria 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:

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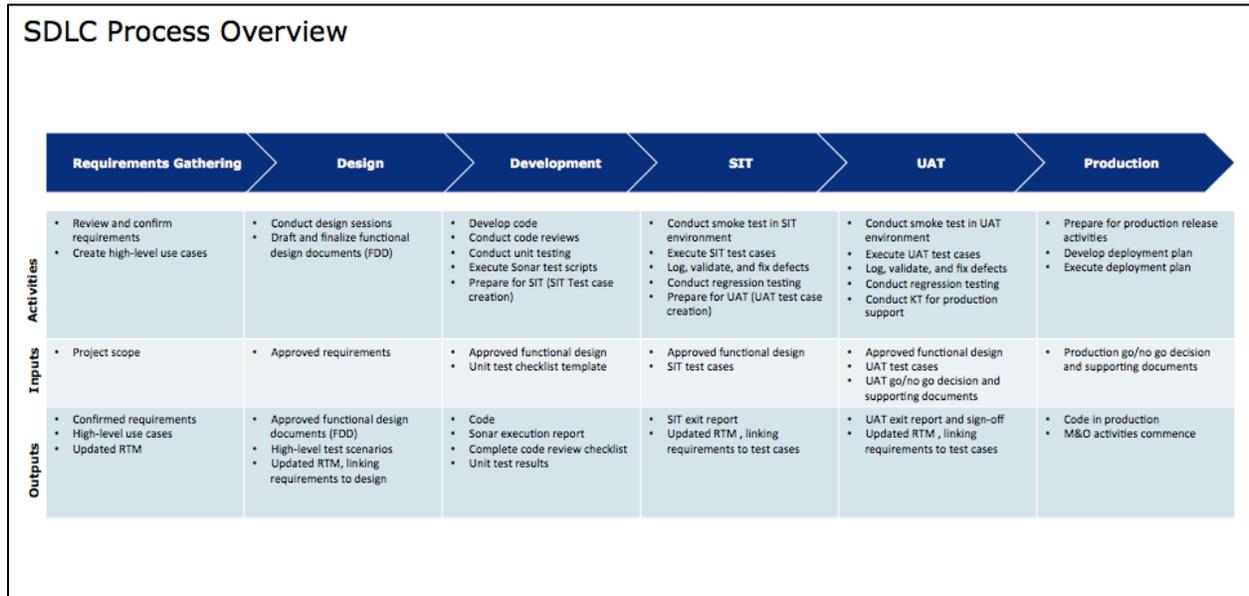
The following definitions are used to help guide decision-making:

- **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 has assessed 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 noted above, 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:

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

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

## **The Timeline**

### December 1, 2017 – June 30, 2018

Negotiations are ongoing with the system integration vendor for work beyond November 30, 2017. 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.

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

To the extent that current Project Runway functionality is not successfully deployed by March 31, 2018, it will be evaluated in negotiations with the vendor for upcoming releases.

The State is planning further enhancements to improve compliance and productivity for a June, 2018 release. Design and development will begin in December 2017 for that work.

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

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.

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

#### July 1, 2018 – September 30, 2018

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.

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

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

## **10. PROPOSED BUDGET**

For this IAPD Update, Rhode Island is asking for federal approval for Q2-Q4 FFY18 project budget that prioritizes investments to accelerate stabilization and recovery. A detailed description of the new costs and amounts is provided below.

Cost allocation changes are detailed in this section as well as in Section 11 per guidance from CMS and FNS and as part of the State’s review of methodologies.

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 4: August 2017 IAPDU Summary

IAPD-U August 2017 Version				
	Total Costs	Federal Share	State Share	
<b>DD&amp;I</b>				
Updated Project DD&I Cost	298,510,765	256,104,954	42,405,811	Represents August request
<b>M&amp;O</b>				
Updated Project M&O Costs	146,002,345	99,080,449	46,921,896	Represents August request
<b>Updated Total Project Costs</b>	<b>\$ 444,513,110</b>	<b>\$ 355,185,403</b>	<b>\$ 89,327,707</b>	

Table 5: November 2017 IAPDU Summary

IAPD-U November 2017 Version				
	Total Costs	Federal Share	State Share	
<b>DD&amp;I</b>				
Updated Project DD&I Cost	\$ 314,984,067	\$ 267,703,283	\$ 47,280,791	Net new request for November 2017
<b>M&amp;O</b>				
Updated Project M&O Costs	\$ 176,764,568	\$ 116,050,351	\$ 60,714,218	Net new request for November 2017
<b>Updated Total Project Costs</b>	<b>\$ 491,748,633</b>	<b>\$ 383,753,634</b>	<b>\$ 107,995,009</b>	

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

At the request of FNS, the state has included Attachment D – FNS UHIP Spending by Quarter. This will show a breakdown of FNS spending for FFY 17, FFY18, and FFY 19. As we move forward, the state will continue to conduct the analysis necessary to further break out spending for years prior.

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Table 6a: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
<b>Design, Development &amp; Implementation</b>										
State Personnel - training-related	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Personnel - training-related Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Personnel - training-related Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 987,254	\$ -	\$ -	\$ 987,254
State Personnel - NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,961,762	\$ 3,949,016	\$ -	\$ 6,910,778
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Project Management Vendor (PCG)</b>										
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 238,550	\$ -	\$ -	\$ 238,550
Project Management Vendor NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 477,100	\$ -	\$ -	\$ 477,100
<b>Technology Implementation Vendor (Deloitte)</b>										
Phase 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ 8,039,513	\$ 7,295,038	\$ 10,768,523	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,103,074
Medicaid	\$ -	\$ 4,483,092	\$ 4,067,949	\$ 6,199,277	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,750,318
Exchange Adjusted	\$ -	\$ -	\$ -	\$ 1,337,050	\$ 6,265,831	\$ -	\$ -	\$ -	\$ -	\$ 7,602,881
Medicaid Adjusted	\$ -	\$ -	\$ -	\$ 745,582	\$ 14,393,922	\$ -	\$ -	\$ -	\$ -	\$ 15,139,504
Exchange Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Phase 2	\$ -	\$ -	\$ 20,356,422	\$ 18,184,954	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,541,376
Technology Implementation Vendor Integrated Solution	\$ -	\$ -	\$ -	\$ 6,618,453	\$ 41,788,535	\$ -	\$ -	\$ -	\$ -	\$ 48,406,988
Technology Implementation Vendor Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 5,053,922	\$ 1,469,275	\$ -	\$ -	\$ -	\$ 6,523,197
Technology Implementation Vendor Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Technology Implementation Vendor NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,000,000	\$ -	\$ 8,000,000
Implementation Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,772,402	\$ -	\$ -	\$ -	\$ 1,772,402
<b>Technical Assistance Vendor (PCG)</b>										
Phase 1	\$ -	\$ 134,648	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 134,648
Phase 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>IV&amp;V Vendor (CSG)</b>										
Phase 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ 361,934	\$ 1,346,485	\$ 868,736	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,577,155
Medicaid	\$ -	\$ 201,826	\$ 760,021	\$ 518,481	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,480,328
Phase 2	\$ -	\$ -	\$ 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 532,480	\$ -	\$ -	\$ 532,480
IV&V Integrated Solution NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 758,000	\$ -	\$ -	\$ 758,000
<b>InRhodes Conversion and Bridging (NGIS)</b>										
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 516,188	\$ -	\$ -	\$ 516,188
InRhodes Conversion and Bridging NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,032,376	\$ -	\$ -	\$ 1,032,376

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Table 6b: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
<b>Contact Center</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Start-up Cost</b>	\$ -	\$ -	\$ 2,214,034	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,214,034
<b>Other Contracted Services</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,136,261	\$ -	\$ -	\$ 6,136,261
UAT Technology Support NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,008,783	\$ -	\$ -	\$ 7,008,783
Implementation Support Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ -	\$ -	\$ -	\$ 173,667	\$ 1,356,087	\$ 206,784	\$ -	\$ -	\$ 1,736,538
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ 740,369	\$ 5,781,215	\$ 881,555	\$ -	\$ -	\$ 7,403,139
Implementation Support Services NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,102,850	\$ -	\$ -	\$ 2,102,850
Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,726,587	\$ -	\$ -	\$ -	\$ 6,726,587
Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,626,372	\$ -	\$ -	\$ 2,626,372
Integrated Solution New Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,036,770	\$ 4,406,821	\$ -	\$ 11,443,591
Data Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exchange	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 351,413	\$ 77,836	\$ -	\$ -	\$ 429,249
Exchange Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,498,125	\$ 331,826	\$ -	\$ -	\$ 1,829,951
Medicaid Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Management New Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,644,867	\$ -	\$ -	\$ 1,644,867
<b>State System Interface for Verifications</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Phase 1 Interface Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State System Interface for Verifications NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Hardware and Software</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Hardware for DD&amp;I and Testing</b>	\$ -	\$ 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
Hardware for DD&I and Testing NEW Integrated Solution Q2 FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mail Room HW Enhancement - Exchange	\$ -	\$ -	\$ 546,356	\$ 183,645	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 730,001
Mail Room HW Enhancement - Medicaid	\$ -	\$ -	\$ 1,107,948	\$ 734,578	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,842,526
Mail Room HW Enhancement - Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 8,458	\$ -	\$ -	\$ -	\$ -	\$ 8,458
Mail Room HW Enhancement - Integrated Solution Adjusted	\$ -	\$ -	\$ -	\$ -	\$ 1,041	\$ -	\$ -	\$ -	\$ -	\$ 1,041
Mail Room HW Enhancement - Integrated Solution Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mail Room HW Enhancement - NEW Intergrated Solution FFY 18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>COTS Software</b>	\$ -	\$ -	\$ 5,400	\$ 139,370	\$ -	\$ -	\$ 750,000	\$ -	\$ -	\$ 894,770
<b>TOTAL DD&amp;I Cost</b>	\$ 17,050	\$ 17,713,402	\$ 48,097,317	\$ 58,523,932	\$ 87,024,668	\$ 39,496,543	\$ 42,971,901	\$ 21,147,324	\$ 2,020	\$ 314,984,067

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

Table 6c: Proposed Budget

Cost Category	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	Project Total
<b>Maintenance &amp; Operations</b>										
<b>State Personnel</b>										
DHS Eligibility Support	\$ -	\$ -	\$ 2,235,112	\$ 1,134,566	\$ 1,132,600	\$ 2,088,081	\$ 2,887,189	\$ 3,737,056	\$ -	\$ 13,214,604
EDM Scanning and Indexing Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>State M&amp;O - Other</b>	\$ -	\$ -	\$ 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
<b>Contracted Services</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,684,666	\$ 3,480,960	\$ -	\$ 5,165,626
<b>UHIP Security &amp; Support</b>	\$ -	\$ -	\$ 50,962	\$ 553,045	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 604,007
UHIP Security & Support Integrated Solution	\$ -	\$ -	\$ -	\$ -	\$ 435,735	\$ -	\$ -	\$ -	\$ -	\$ 435,735
UHIP Security & Support Integrated Solution 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,109,937	\$ 7,287,408	\$ -	\$ 9,397,345
<b>UHIP Technology Platform</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Hosting/M&O	\$ -	\$ -	\$ 5,852,201	\$ 1,771,953	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,624,154
Ongoing Hosting/M&O	\$ -	\$ -	\$ -	\$ 1,780,453	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,780,453
Ongoing Hosting/M&O - SFY16	\$ -	\$ -	\$ -	\$ 1,229,750	\$ 9,139,300	\$ -	\$ -	\$ -	\$ -	\$ 10,369,050
Ongoing Hosting/M&O - SFY17 and Beyond	\$ -	\$ -	\$ -	\$ -	\$ 1,975,995	\$ 411,694	\$ -	\$ -	\$ -	\$ 2,387,689
Ongoing Hosting/M&O - SFY17 and Beyond 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,000,000	\$ -	\$ 34,000,000
<b>Contact Center</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Initial Hosting/M&O	\$ -	\$ -	\$ 9,572,964	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,572,964
Ongoing Hosting/M&O	\$ -	\$ -	\$ -	\$ 10,948,191	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,948,191
Ongoing Hosting/M&O SFY16 and Beyond	\$ -	\$ -	\$ -	\$ 4,781,281	\$ 16,699,823	\$ 15,056,017	\$ -	\$ -	\$ -	\$ 36,537,121
Ongoing Hosting/M&O SFY16 and Beyond Adjusted 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,680,951	\$ 11,634,852	\$ -	\$ 25,315,803
<b>OESP</b>	\$ -	\$ -	\$ 65,625	\$ 86,458	\$ 56,250	\$ -	\$ -	\$ -	\$ -	\$ 208,333
Outreach and Education	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Legal Fees</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total M&amp;O Cost</b>	\$ -	\$ -	\$ 17,977,703	\$ 22,592,852	\$ 30,106,790	\$ 20,303,351	\$ 22,779,224	\$ 63,004,648	\$ -	\$ 176,764,568
<b>Total Project</b>	\$ 17,050	\$ 17,713,402	\$ 66,075,020	\$ 81,116,784	\$ 117,129,442	\$ 59,797,877	\$ 65,749,107	\$ 84,149,953	\$ -	\$ 491,748,635

**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:

*Table 7: UHIP Key Project Staff*

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
Maureen Wu	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	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.

There have been no changes to this cost since the August 2018 IAPD submission.

***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.

There have been no changes to this cost since the August 2018 IAPD submission.

***Project Management Vendor Total Cost FFY 2018 = \$715,650***

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

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

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

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

There are no further changes to this cost category.

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

CSG Government Solutions (CSG) will continue to work as the IV&V Vendor. Other scopes of work that will be completed by CSG are User Acceptance Test (UAT) Oversight and Coordination (to end as of 12/31/17), 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.

There have been no changes to this cost since the August 2018 IAPD 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.

There have been no changes to this cost since the August 2018 IAPD submission.

***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 DXC (formerly Hewlett Packard Enterprises). Additional detail is provided below for their specific scope of work.

There have been no changes to this cost since the August 2018 IAPD submission.

***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.

The state has increased the KPMG budget by \$3,800,000 since the August 2018 IAPD submission. This increase is due to the need additional testing support for the monthly M&O releases in an effort to correct the deficiencies in the system.

***KPMG UAT Assistance Total Cost FFY 2018 = \$13,145,044***

#### **10.1.8.3. Implementation Support Services**

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

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

The amount requested below is \$73,829 less than what was submitted in the August 2018 IAPD submission. This amount was updated after an analysis that was completed on the contract spending.

***FCG Implementation Support Total Cost FFY 2018 = \$3,191,189***

#### **10.1.8.4. Integrated Solutions Services**

The state is requesting \$9,663,141 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. This is an additional \$1,907,733 than the August 2018 IAPD submission. Scope of each vendor is detailed below.

1. 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.

There have been no changes to this cost since the August 2018 IAPD submission.

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

2. 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.

There have been no changes to this cost since the August 2018 IAPD submission.

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

3. 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.

There have been no changes to this cost since the August 2018 IAPD submission.

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

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

There have been no changes to this cost since the August 2018 IAPD submission.

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

5. Additional Consultant – Chris Colen in an independent consultant with years of experience working in large scaled complex IT projects. He will provide strategic guidance to leadership and

assist the state with key activities related to project governance, contract oversight and negotiations, and system stabilization.

This is a new addition from the August 2018 IAPD submission.

***Additional Consultant Total Cost FFY 2018 = \$216,000***

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

Identification of Real Property Assets

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

Tools to Facilitate Review of Financial Documents

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

This is a new addition from the August 2018 IAPD submission.

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

7. Document Scanning Services

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

This is a new addition from the August 2018 IAPD submission.

***Document Scanning Services Total Cost FFY 2018 = \$750,000***

8. UAT Testing Support

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

This is a new addition from the August 2018 IAPD submission.

**UAT Testing Support Total Cost FFY 2018 = \$458,333**

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

*Table 8: Implementation Support Services Costs*

<b>Vendor</b>	<b>Cost</b>
KPMG	\$242,720
Business Process Redesign	\$1,500,000
IBM	\$5,772,688
KB Makers	\$240,000
Chris Colen	\$216,000
Asset Verification	\$483,400
Document Scanning	\$750,000
UAT Testing Support	\$458,333
<b>Total</b>	<b>\$ 9,663,141</b>

**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

The amount requested below is increasing by \$265,476 from what was submitted in the August 2018 IAPD submission. This amount was updated as there was a need for additional analytic support to ensure it is able to draw ad hoc and regular reports from its system to drive operations.

**Freedman DD&I Total Cost FFY 2018 = \$2,054,529**

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

**10.1.10. State System Interfaces for Verification**

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

**10.1.11. Hardware and Software Costs**

In this section, the State outlines its request for hardware and software outside of what is required under contract with the system integration vendor that are required to support its FFY 2018 needs. The hardware and software costs for FFY 2018 are estimated to be \$11,448 for FFY 2018.

*Table 9: 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

There have been no changes to this cost since the August 2018 IAPD submission.

**10.1.12. COTS Costs**

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

*Table 10: COTS*

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

There have been no changes to this cost since the August 2018 IAPD submission.

**10.2. Maintenance and Operations Costs**

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

For staff that work 100% on a program such as Medicaid or SNAP, staff will sign attestations to confirm that 100% of their work has been dedicated to that program. For staff that work on

multiple programs, we are tracking time and working to identify staff who need to time track as work priorities shift to multiple programs. DHS staff who work with clients within the Economic Services Division will participate in a Random Moment Time Study as described below.

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

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

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

DHS is working with PCG to review and refine the RMTS process to most accurately assign costs to surge staff and all DHS programs. Updates to the cost allocation below are likely in a subsequent IAPD update. The total projected cost for Surge Staff for FY18 is \$11,104,569 and for FY 19 is \$14,373,297. However, only costs related to the enhanced match are included in the submission.

*Table 11: DHS Eligibility Support*

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

*Table 12: Projected FNS Impact of Total Surge Personnel*

	Total Cost	FNS Program	FNS FFP
FFY 17	\$9,221,603	\$3,780,857	\$1,890,429
FFY18	\$11,104,569	\$4,552,873	\$2,276,437
FFY 19	\$14,373,297	\$5,893,052	\$2,946,526

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

*Table 13: DHS Eligibility Support*

M&O	FFY18
DHS	\$ 0
DHS Additional Resources	\$ 2,887,188
<b>Total</b>	<b>\$ 2,887,188</b>

The amount requested below is \$3,914,560 less than the August IAPD submission.

***DHS Eligibility Support Total Cost FFY 2018 = \$2,887,188***

### **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%.

There have been no changes to this cost since the August 2018 IAPD submission.

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

### **10.2.3. Contracted Services – Reconciliation Services**

The State is requesting \$1,820,356 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.

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

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

There have been no changes to this cost since the August 2018 IAPD submission.

***DXC 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.

There have been no changes to this cost since the August 2018 IAPD submission.

***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

The amount requested below is \$84,367 less than what was submitted in the August IAPD. These services are being requested at the CMS enhanced federal participation rate of 75%.

***Freedman M&O Total Cost FFY 2018 = \$ 1,684,665***

#### **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.

There have been no changes to this cost since the August 2018 IAPD submission.

***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

The amount requested below is \$36,914 less than what was requested in the August 2018 IAPD submission.

***FCG UHIP Total Cost FFY 2018 = \$1,051,425***

Northrup 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

There have been no changes to this cost since the August 2018 IAPD submission.

***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 = \$0***

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

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

- Contact Center Services - Phone and walk in center support for QHP and Medicaid health coverage customers
- ICI Call Center - provide phone support, enrollment assistance for RI citizens who are dual eligible for Medicare and Medicaid
- NFP sub-contract to perform SHOP customer service
- DHS Triage Team for DHS Call Center - Providing customer service team who answers level 1 calls at DHS, assesses reason for call and resolves or passes on to DHS Call Center team
- Health Coverage Backlog - Work Verification and Escalation backlog for MAGI Medicaid customer
- UAT for DHS and EOHHS - Supply Testing staff to perform EOHHS and DHS testing of system releases to stabilize from Phase 2

The amount requested below has increased by \$2,053,623 from the August IAPD submission. The original forecast was increased to include additional staff for health coverage support. This was mostly due to increased Medicaid call volume, DHS call center support, and verification and escalation support. Funds were not previously included in the August submission are now accounted for Open Enrollment Support.

***AHS Contact Center Total Cost FFY 2018 = \$13,680,954***

#### **10.2.8. Contracted Services – Outreach and Enrollment Support Program**

There are no outreach and enrollment costs for FFY 2018.

## 11. COST ALLOCATION PLAN FOR IMPLEMENTATION AND MAINTENANCE ACTIVITIES

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

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

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

### ***Integrated Solution (Lines of Code)***

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

*Table 14: Revised FFY 2018 DDI Cost Allocation Summary*

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

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

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

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

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

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Technical Components	Definition	Classification	Lines of Code
Task Management	Task Management functionality provides worker with the tool to identify and perform their daily tasks to serve the residents of Rhode Island	Common	29,233
Provider Management	Allows childcare and other providers to register and maintain profiles in the system, including rates and enrollments	CCAP, GPA	61,884
Electronic Document Management (EDM)	EDM allows for the scanning and indexing of customer documents and other files pertinent to eligibility determinations, enrollment and other case actions	Common	19,558
Data Sync	Technology component to allow automatic submission of health insurance applications for MAGI Medicaid and QHP	Medicaid, QHP*	12,155
Data Access Layer for All Queries Across the Application	All updates to database (data layer) across the application is performed through this module	Common	2,397,121
Staging from self-service to IES	Web services to send and receive data for reporting changes across self-service portal and RI Bridges	Common	55,452
Common Business Objects for all Modules	Business utilities used across all programs on the RI Bridges platform to perform user actions	Common	1,218,882
Page Elements/User Interface	User Interface maintains the security and accessibility of data elements (field labels) displayed in the application across the application and Web App	Common	441,576

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

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

eligibility, and run the benefit calculations for each program. Specific modules in this functionality group include:

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

Module	Definition	Classification	Lines of Code
Eligibility (includes MAGI/Non-MAGI rules engine, overrides, exception processing etc.)	Includes the eligibility determination group (EDG), Eligibility Determination and Benefit Calculation (EDBC) process, and Authorization process	Common	507,693
Redeterminations	Manages the redetermination process for each of the programs in the RI Bridges system	Common	3,493
Appeals/Hearings	Hearing and Appeals functionality allows authorized users to enter a hearing and hearing decision. After a hearing decision is entered, the caseworker is notified. During the hearing process, updates can be made on case but the benefit amount will not be changed	Common	3,480

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

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

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

Module	Definition	Classification	Lines of Code
Benefit Issuance (including manual issuance)	Benefit Issuance is the process to issue benefits in the form of EBT, check, or medical coverage. Issuance will occur both real-time – only for authorized users and for emergency need, and in batch	SNAP, TANF, CCAP, GPA, SSP*	89,389
Benefit Recovery	Benefit Recovery functionality consists of processes to establish	SNAP, TANF, CCAP*	25,577

Module	Definition	Classification	Lines of Code
	overpayment claims and recoup on overpayments		
Work Program	Work program functionality consists of workflow to create and maintain the work schedule of the parents participating in Rhode Island work programs	SNAP, RIW, CCAP, GPA*	18,726

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

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

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

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

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

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

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

Module	Definition	Classification	Lines of Code
Notices (includes requests for documentation, missed appointment notices and redetermination packets)	The process of generating and automatically sending benefit eligibility notices and other correspondence through the RI Bridges system	Common	228,400

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

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

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

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

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

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

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

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

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

**Caseload Methodology for M&O**

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

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

<b>2018 M&amp;O Allocation Based on Caseload</b>		
<b>Program</b>	<b>Accounts</b>	<b>FFY18 Percent</b>
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%
<b>Total</b>	<b>496,839</b>	<b>100.00%</b>

**AHS and Freedman M&O**

The state has also reviewed its cost allocation methodology for the Health Care Citizens Portal. This new cost allocation is applied to the Contact Center. This is unchanged from the August 2018 IAPD Submission.

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

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

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Table 18a: Cost Allocation

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

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*Table 18b: Cost Allocation*

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

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*Table 18c: Cost Allocation*

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

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

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

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

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

**14. IAPD REQUIRED FEDERAL ASSURANCES**

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

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

*Table 19: Federal Assurances*

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

42 CFR 433.112 Section	Y/N/NA
<b>b (22)</b>	Y

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

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

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

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

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

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

Service-oriented architecture:

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

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

#### Adaptability and Extensibility:

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

#### Hub architecture:

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

#### Performance measurement:

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

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

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

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

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

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

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

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

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

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

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

**APPENDIX A MEDICAID DETAILED BUDGET TABLE**

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

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

	Medicaid Share (90% FFP) DDI 28A & 28B†	State Share -10% --	Medicaid Share (75% FFP) DDI (COTS) 28A & 28B†	State Share -25% --	Medicaid Share (75% FFP) M&O 28C & 28D†	State Share -25% --	Medicaid Share FFP) M&O E&E 28E & 28F†	State Share -25% --	<b>Medicaid ENHANCED FUNDING FFP Total</b>	State Share Total	Medicaid ENHANCED FUNDING (TOTAL COMPUTABLE)
FFY 2012	15,345	1,705	-	-	-	-	-	-	<b>15,345</b>	1,705	17,050
FFY 2013	7,746,609	860,735	-	-	-	-	-	-	<b>7,746,609</b>	860,735	8,607,344
FFY 2014	27,555,669	3,061,742	4,050	1,350	5,734,194	1,911,397	1,725,553	575,184	<b>35,019,466</b>	5,549,673	40,569,139
FFY 2015	34,622,473	3,846,942	104,528	34,843	12,645,521	4,215,174	915,769	305,257	<b>48,288,291</b>	8,402,216	56,690,507
FFY 2016	63,608,028	7,067,559	-	-	18,077,104	6,025,702	891,638	297,213	<b>82,576,770</b>	13,390,474	95,967,244
FFY 2017	30,700,135	3,411,128	-	-	11,680,172	3,893,390	1,566,061	522,020	<b>43,946,368</b>	7,826,538	51,772,906
FFY 2018	33,159,744	5,600,532	562,500	187,500	12,787,237	4,262,412	2,165,392	721,797	<b>48,674,873</b>	10,772,241	59,447,114
FFY 2019	17,758,944	1,973,216	-	-	31,824,108	10,608,036	2,802,792	934,264	<b>52,385,844</b>	13,515,516	65,901,360
FFY 2020	-	-	-	-	-	-	-	-	-	-	-
<b>Total FFY 2012-2019</b>	<b>215,166,947</b>	<b>25,823,559</b>	<b>671,078</b>	<b>223,693</b>	<b>92,748,336</b>	<b>30,916,111</b>	<b>10,067,205</b>	<b>3,355,735</b>	<b>318,653,566</b>	<b>60,319,098</b>	<b>378,972,664</b>

	Medicaid Share (50% FFP) M&O E&E Staff 28G & 28H†	State Share -50% --	Medicaid Share (50% FFP) General 29†	State Share -50% --	<b>Medicaid NOT ENHANCED FUNDING FFP Total</b>	State Share Total	Medicaid NOT ENHANCED FUNDING (TOTAL COMPUTABLE)
FFY 2012	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2013	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2014	\$ 622,143	\$ 622,143	\$ -	\$ -	\$ <b>622,143</b>	\$ 622,143	\$ 1,244,286
FFY 2015	\$ 372,814	\$ 372,814	\$ -	\$ -	\$ <b>372,814</b>	\$ 372,814	\$ 745,628
FFY 2016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2017	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2018	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FFY 2020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total FFY 2012-2019</b>	<b>\$ 994,957</b>	<b>\$ 994,957</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 994,957</b>	<b>\$ 994,957</b>	<b>\$ 1,989,914</b>

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

	CHIP FFP %	STATE %	CHIP FFP Share 33†	State Share --	CHIP Total
FFY 2012	66%	34%	\$ -	\$ -	\$ -
FFY 2013	66%	34%	\$ 463,807	\$ 238,931	\$ 702,738
FFY 2014	66%	34%	\$ 587,656	\$ 302,731	\$ 890,387
FFY 2015	66%	34%	\$ 836,533	\$ 393,154	\$ 1,229,687
FFY 2016	88%	12%	\$ 2,266,593	\$ 300,376	\$ 2,566,969
FFY 2017	88%	12%	\$ 964,039	\$ 127,862	\$ 1,091,901
FFY 2018	88%	12%	\$ 160,694	\$ 21,314	\$ 182,008
FFY 2019	89%	11%	\$ -	\$ -	\$ -
FFY 2020			\$ -	\$ -	\$ -
<b>Total FFY 2012-2019</b>			<b>\$ 5,279,322</b>	<b>\$ 1,384,368</b>	<b>\$ 6,663,690</b>

	Medicaid ENHANCED FUNDING FFP Total	Medicaid NOT ENHANCED FUNDING FFP Total	CHIP FFP Total	TOTAL FFP	STATE SHARE TOTAL	APD TOTAL (TOTAL COMPUTABL E)
FFY 2012	\$ 15,345	\$ -	\$ -	\$ 15,345	\$ 1,705	\$ 17,050
FFY 2013	\$ 7,746,609	\$ -	\$ 463,807	\$ 8,210,416	\$ 1,099,666	\$ 9,310,082
FFY 2014	\$ 35,019,466	\$ 622,143	\$ 587,656	\$ 36,229,265	\$ 6,474,547	\$ 42,703,812
FFY 2015	\$ 48,288,291	\$ 372,814	\$ 836,533	\$ 49,497,638	\$ 9,168,184	\$ 58,665,822
FFY 2016	\$ 82,576,770	\$ -	\$ 2,266,593	\$ 84,843,363	\$ 13,690,850	\$ 98,534,213
FFY 2017	\$ 43,946,368	\$ -	\$ 964,039	\$ 44,910,407	\$ 7,954,400	\$ 52,864,807
FFY 2018	\$ 48,674,873	\$ -	\$ 160,694	\$ 48,835,567	\$ 10,793,555	\$ 59,629,122
FFY 2019	\$ 52,385,844	\$ -	\$ -	\$ 52,385,844	\$ 13,515,516	\$ 65,901,360
FFY 2020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total FFY 2012-2019</b>	<b>\$ 318,653,566</b>	<b>\$ 994,957</b>	<b>\$ 5,279,322</b>	<b>\$324,927,845</b>	<b>\$ 62,698,423</b>	<b>\$387,626,268</b>

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

	Project Total*	Medicaid/CHIP Allocation Amount	Medicaid Allocation Percentage	Medicaid Allocation Amount	CHIP Allocation Percentage	CHIP Allocation Amount	Exchange Grant Share*
FFY 2012	\$ 17,050	\$ 17,050	100%	\$ 17,050	0%	\$ -	0.00%
FFY 2013	\$ 17,713,402	\$ 9,310,082	49%	\$ 8,607,344	4%	\$ 702,738	47.43%
FFY 2014	\$ 66,075,020	\$ 42,703,812	63%	\$ 41,813,425	1%	\$ 890,387	29.33%
FFY 2015	\$ 81,116,784	\$ 58,665,822	71%	\$ 57,436,135	2%	\$ 1,229,687	16.88%
FFY 2016	\$ 117,129,442	\$ 98,534,213	82%	\$ 95,967,244	2%	\$ 2,566,969	0.00%
FFY 2017	\$ 59,797,877	\$ 52,864,807	87%	\$ 51,772,906	2%	\$ 1,091,901	0.00%
FFY 2018	\$ 65,749,107	\$ 59,629,122	90%	\$ 59,447,114	0%	\$ 182,008	0.00%
FFY 2019	\$ 84,149,953	\$ 65,901,360	78%	\$ 65,901,360	0%	\$ -	
FFY 2020	\$ -	\$ -		\$ -		\$ -	
<b>Total FFY 2012-2019</b>	<b>\$ 491,748,635</b>	<b>\$387,626,268</b>	<b>77%</b>	<b>\$380,962,578</b>	<b>1%</b>	<b>\$ 6,663,690</b>	<b>10%</b>

\* 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: FNS Quarterly Spending Breakdown**

Please see Attachment D as part of the submission package.

### **Attachment E: RI UHIP Project Runway**

Please see Attachment D as part of the submission package.