

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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Note: A signed transmittal letter to CMS is required with any IAPD Submission.

Version # 11

Brief Description of Latest Version Additions/Changes/Deletions:

This update includes a revised budget intended to improve clarity and transparency in the budget.

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2. EXECUTIVE SUMMARY

To comply with the Patient Protection and Affordable Care Act of 2010¹ (hereinafter the ACA) requirements regarding expansion of access to affordable health insurance, Rhode Island has taken the following actions, the progression of which reflects Rhode Island's evolving model to provide seamless, consumer-friendly access to affordable health insurance and other human service programs:

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

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

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

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

- Outreach and Enrollment Support Program – Rhode Island has secured the services of a vendor to provide statewide Outreach and Enrollment Support Program services to comply with a key provision of the ACA.
 - Increase in DDI Contract resulting from Change Orders – There has been a few changes to the original project scope to accommodate new federal guidance after DDI Contract execution.
- h) April 2014 – a draft update introduced minor changes to a few of the cost categories to reflect project costs more accurately. Below is a summary of the main changes that are being proposed in this IAPD-U iteration:
- State Personnel – The category has been split to better reflect actual cost for dedicated Medicaid personnel.
 - MMIS enhancements – Additional development work has been identified as necessary to ensure proper communication between MMIS and UHIP solutions.
 - Increase in Hardware cost related to the Electronic Document Management initiative
 - Increase in COTS Software cost – In order to support software integration requirements additional Master Client Index software is needed.
 - Increase in DDI Contract resulting from Change Orders – There has been a few additional changes identified after system requirements have been specified. These are due to FSDH malfunction, changing Federal requirements, and other upgrades.
- i) October 2014 – revised and finalized update submitted to reflect adjustments to projected shared technology costs made in the approval process for the February 2014 Level 1 grant request. In addition, adjustment to the cost allocation methodology for the InRhodes Conversion and Bridging component is being requested based on actual project work to date and planned for the balance of the project.
- A detailed description of the revised project costs and cost allocation methodologies are described in Section 4 of this IAPD-U.
- j) July 2015 – This As Needed IAPD-U includes a brief description of the projects 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 outlines 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 includes implementing the functionality to provide DHS, EOHHHS and

Contact Center workers with the capability to process and maintain applications for MAGI 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 data bases.

- 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 CULT 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 will enable the State to realize it’s project goals by implementing 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 requests funding or upgrading the technical infrastructure to both 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 case load counts and function points.
- Finally, the State is proud to announce that Rhode Island’s UHIP project received national acclaim from the Center for Digital Government during their annual “Best of the Web and Digital Government Achievement Awards” which honoring city, county, state, federal and international websites and applications from all levels of government. We were one of winners in the Best Government-to-Citizen State Government category and runners up in the Best State Portal category.

- k) July 2016 – This as needed IAPD-U includes 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, this IAPD-U demonstrates Rhode Island’s vision and roadmap for FFY 2017 which is deccribed in detail below.

3. RESULTS OF ACTIVITIES INCLUDED IN THE IAPD

For this IAPD Update, Rhode Island is asking for federal approval for an adjusted project budget based on project progress and additional project needs that have been identified since the last submission. A detailed description of the new costs and amounts are detailed below.

There have been no major changes to the cost categorization approach proposed since the July 2013 IAPD-U. The cost allocation for certain categories that would benefit from the integrated worker portal have been updated based on Rhode Island’s integrated solution approach.

Rhode Island continues to identify additional budget needs to ensure the overall success of the UHIP/RIBridges project. The budget has been updated to reflect actual expenditures to date and future approved expenditures have been adjusted to better reflect the expected dates in which those costs will be incurred. Table 1 below shows the overall change the project budget for DD&I and M&O costs.

Table 1: July 2016 IAPDU Summary

| IAPD-U July 2016 Version (Through CY 2020) | | | | |
|--|--------------------|--------------------|--------------------|---|
| | Total Costs | Federal Share | State Share | |
| DD&I | | | | |
| Previously Approved DD&I Costs | 237,979,328 | 203,761,585 | 34,217,742 | Approved Establishment Grant and IAPD Project Costs |
| Updated Project DD&I Cost | 363,918,362 | 307,911,837 | 56,006,536 | Represents net new request |
| Variance | 125,939,034 | 104,150,251 | 21,788,793 | |
| M&O | | | | |
| Previously Approved M&O Costs | 125,702,657 | 80,893,353 | 44,809,304 | Approved Establishment Grant and IAPD Project Costs |
| Updated Project M&O Costs | 123,447,115 | 82,730,844 | 40,716,315 | Represents net new request |
| Variance | (2,255,542) | 1,837,491 | (4,092,989) | |
| Updated Total Project Costs | 487,365,477 | 390,642,681 | 96,722,851 | |

As shown in the table above, overall project costs have increased to approximately \$487,365,477 of which \$390,642,681 the expected federal share and \$96,722,851 is the expected state share. The estimated Design, Development and Implementation (DDI) and Maintenance & Operations cost for the UHIP project has increased to reflect refinements to the overall ACA project priorities and implementation Road Map designed to meet the specific goals of Rhode Island’s ACA Health Care initiative and integration of the technology solution used to determine eligibility for all human service programs and to improve worker productivity and customer service.

4. STATEMENT OF NEEDS AND OBJECTIVES OF THE IAPD

There are no changes to this section in this IAPD-U. Please reference the approved January 2013 approved submission language.

5. REQUIREMENTS ANALYSIS, FEASIBILITY STUDY, AND ALTERNATIVE CONSIDERATIONS

There are no changes to this section in this IAPD-U. Please reference the approved January 2013 approved submission language.

6. COST BENEFITS ANALYSIS

There are no changes to this section in this IAPD-U. Please reference the approved January 2013 approved submission language.

7. NATURE AND SCOPE OF ACTIVITIES

Although the State of Rhode Island's primary goals and objectives for their ACA automation initiative have not changed since the approved January 2013 submission language, the implementation approach has changed slightly in response to feedback from citizens, advocates and State functional and technical subject matter experts. This IAPD-U is requesting additional funds to assist in the States vision to continue expanding the RIBridges Worker Portal (Phase 2) application and technical architecture to enable DHS, EOHHS and HSRI workers to enter, process and maintain not only human service programs but for MAGI Medicaid and QHP programs as well. Much of the focus of this IAPDU is to address the planned and unplanned project needs for continual improvement and maintenance and operations.

8. PROJECT MANAGEMENT PLANNING AND PROCUREMENT

There are no changes to this section in this IAPD-U. Please reference the approved January 2013 approved submission language.

9. PERSONNEL RESOURCE STATEMENT

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

10. PROPOSED ACTIVITY SCHEDULE

The State's objective have not changed from the July 2015 approved IAPD. However, the State of Rhode Island is requesting acceptance of the revised UHIP project schedule that takes into account the refinement in the State's priority to optimize the automated solution to support the Governor's desire to be a national leader in providing the best health care service possible to the

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citizens of Rhode Island. The State’s health care vision required the project to refine the 2017 project milestones to focus on the planned federal requirements, enhancements and priority system defects to the Health Care Citizen Portal.

In accordance with the UHIP Project Management Plan, all project and contract deliverables are posted to CALT for CMS federal review and comment and FNS will be provided with a copy of requested documents. The table below denotes the contents of each major release.

Table 2: FFY 2017 Roadmap

| Contract Amendment | Planned Release | Estimated Implementation | Change Description |
|--------------------|-----------------|--|--|
| CA 39 | 7.nn | January/February 2017 Estimated Value: \$5,000,000 | 1) High priority system enhancements 2) Refinements to system functionality |
| CA 39 | 7.nn | April/May 2017 Estimated Value: \$5,000,000 | 1) System enhancements 2) System functionality improvement |
| CA nn | 7.nn | August/September 2017 Estimated Value: \$5,500,000 | 1) System Enhancements 2) System functionality improvements |

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11. PROPOSED BUDGET

Table 3: Proposed Budget

| Cost Category | FFY 2012 | FFY 2013 | FFY 2014 | FFY 2015 | FFY 2016 | FFY 2017 | FFY 2018 | FFY 2019-2021 | Project Total |
|---|------------------|----------------------|----------------------|----------------------|-----------------------|-----------------------|----------------------|---------------|-----------------------|
| Design, Development & Implementation | | | | | | | | | |
| State Personnel - training-related | \$ - | \$ - | \$ - | \$ - | \$ 251,388 | \$ - | \$ - | \$ - | \$ 251,388 |
| State Personnel - training-related Integrated Solution | \$ - | \$ - | \$ - | \$ - | \$ 62,847 | \$ 251,388 | \$ 188,541 | \$ - | \$ 502,776 |
| State Personnel - training-related Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| State Personnel - all other | \$ 11,090 | \$ - | \$ 1,129,264 | \$ 1,138,636 | \$ 4,820,813 | \$ - | \$ - | \$ - | \$ 2,278,989 |
| State Personnel - all other Integrated Solution | \$ - | \$ - | \$ - | \$ 669,630 | \$ 1,140,606 | \$ 4,562,424 | \$ 3,421,818 | \$ - | \$ 5,490,643 |
| State Personnel - all other Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 1,511,571 | \$ 723,054 | \$ 414,639 | \$ - | \$ 9,124,848 |
| Allocated Medicaid Personnel | \$ 17,050 | \$ 230,842 | \$ 422,439 | \$ 367,121 | \$ - | \$ - | \$ - | \$ - | \$ 3,686,716 |
| Contracted Services | | | | | | | | | |
| Project Management Vendor (PCG) | | | | | | | | | |
| Phase 1 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Phase 2 | \$ - | \$ 1,944,633 | \$ 1,730,023 | \$ 701,663 | \$ 444,010 | \$ - | \$ - | \$ - | \$ 4,376,319 |
| Project Management Vendor Integrated Solution | \$ - | \$ - | \$ - | \$ - | \$ 1,115,190 | \$ - | \$ - | \$ - | \$ 1,115,190 |
| Project Management Vendor Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 173,400 | \$ 673,400 | \$ - | \$ - | \$ 846,800 |
| Technology Implementation Vendor (Deloitte) | | | | | | | | | |
| Phase 1 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Exchange | \$ - | \$ 8,039,513 | \$ 7,295,038 | \$ 10,768,523 | \$ - | \$ - | \$ - | \$ - | \$ 26,103,074 |
| Medicaid | \$ - | \$ 4,483,092 | \$ 4,067,949 | \$ 6,199,277 | \$ - | \$ - | \$ - | \$ - | \$ 14,750,308 |
| Exchange Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 1,337,050 | \$ 5,088,244 | \$ - | \$ - | \$ 6,425,294 |
| Medicaid Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 745,582 | \$ 21,117,864 | \$ - | \$ - | \$ 21,863,446 |
| Phase 2 | \$ - | \$ - | \$ 20,356,422 | \$ 18,184,954 | \$ - | \$ - | \$ - | \$ - | \$ 38,541,376 |
| Technology Implementation Vendor Integrated Solution | \$ - | \$ - | \$ - | \$ 6,618,453 | \$ 42,305,736 | \$ - | \$ - | \$ - | \$ 48,924,189 |
| Technology Implementation Vendor Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 13,792,920 | \$ 34,239,222 | \$ 23,896,764 | \$ - | \$ 71,928,906 |
| Implementation Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 20,625,000 | \$ 16,500,000 | \$ - | \$ 37,125,000 |
| Technical Assistance Vendor (PCG) | | | | | | | | | |
| Phase 1 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Phase 2 | \$ - | \$ 134,648 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 134,648 |
| IV&V Vendor (CSG) | | | | | | | | | |
| Phase 1 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Exchange | \$ - | \$ 361,934 | \$ 1,346,485 | \$ 868,736 | \$ - | \$ - | \$ - | \$ - | \$ 2,577,155 |
| Medicaid | \$ - | \$ 201,826 | \$ 760,021 | \$ 518,481 | \$ - | \$ - | \$ - | \$ - | \$ 1,480,328 |
| Phase 2 | \$ - | \$ - | \$ 332,260 | \$ 494,105 | \$ - | \$ - | \$ - | \$ - | \$ 826,365 |
| IV&V Integrated Solution | \$ - | \$ - | \$ - | \$ 939,071 | \$ 2,255,040 | \$ - | \$ - | \$ - | \$ 3,194,111 |
| IV&V Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 563,760 | \$ 871,740 | \$ 861,300 | \$ - | \$ 2,296,800 |
| InRhodes Conversion and Bridging (NGIS) | | | | | | | | | |
| Phase 1 | \$ - | \$ 2,021,918 | \$ 2,618,425 | \$ 1,384,511 | \$ - | \$ - | \$ - | \$ - | \$ 6,024,854 |
| Phase 2 (Non InRhodes Revisions) | \$ - | \$ - | \$ - | \$ 2,246,416 | \$ - | \$ - | \$ - | \$ - | \$ 2,246,416 |
| Phase 2 (InRhodes Revisions) | \$ - | \$ - | \$ 1,497,155 | \$ 897,159 | \$ - | \$ - | \$ - | \$ - | \$ 2,394,314 |
| InRhodes Conversion and Bridging Integrated Solution | \$ - | \$ - | \$ - | \$ 355,982 | \$ 6,153,990 | \$ - | \$ - | \$ - | \$ 6,509,972 |
| InRhodes Conversion and Bridging Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 520,000 | \$ 2,080,000 | \$ - | \$ - | \$ 2,600,000 |
| Contact Center | | | | | | | | | |
| Start-up Cost | \$ - | \$ - | \$ 2,214,034 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 2,214,034 |
| Other Contracted Services | | | | | | | | | |
| HPES | \$ - | \$ - | \$ 664,236 | \$ 3,019,309 | \$ 4,237,539 | \$ 1,821,390 | \$ - | \$ - | \$ 9,732,474 |
| UAT Technology Support | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Exchange | \$ - | \$ - | \$ - | \$ - | \$ 570,000 | \$ - | \$ - | \$ - | \$ 570,000 |
| Medicaid | \$ - | \$ - | \$ - | \$ - | \$ 2,430,000 | \$ - | \$ - | \$ - | \$ 2,430,000 |
| UAT Technology Support Integrated Solution | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| UAT Technology Support Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 750,000 | \$ 2,625,000 | \$ 1,125,000 | \$ - | \$ 4,500,000 |
| Implementation Support Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Exchange | \$ - | \$ - | \$ - | \$ - | \$ 57,002 | \$ 809,874 | \$ 277,875 | \$ - | \$ 1,144,751 |
| Medicaid | \$ - | \$ - | \$ - | \$ - | \$ 243,002 | \$ 3,452,625 | \$ 1,184,625 | \$ - | \$ 4,880,252 |
| Data Management | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Exchange | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 231,084 | \$ - | \$ - | \$ 231,084 |
| Medicaid | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 985,140 | \$ - | \$ - | \$ 985,140 |
| State System Interface for Verifications | | | | | | | | | |
| Phase 1 Interface Development | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| State System Interface for Verifications Integrated Solution | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| State System Interface for Verifications Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Hardware and Software | | | | | | | | | |
| Hardware for DD&I and Testing | \$ - | \$ 283,906 | \$ 2,013,862 | \$ 11,481 | \$ 305,698 | \$ - | \$ - | \$ - | \$ 2,614,947 |
| Hardware for DD&I and Testing Integrated Solution | \$ - | \$ - | \$ - | \$ - | \$ 1,901,868 | \$ - | \$ - | \$ - | \$ 1,901,868 |
| Hardware for DD&I and Testing Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 633,956 | \$ 2,340,628 | \$ 445,344 | \$ - | \$ 3,419,928 |
| 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 | \$ - | \$ - | \$ - | \$ - | \$ 363,000 | \$ - | \$ - | \$ - | \$ 363,000 |
| Mail Room HW Enhancement - Integrated Solution Adjusted | \$ - | \$ - | \$ - | \$ - | \$ 35,750 | \$ 23,962 | \$ 17,964 | \$ - | \$ 77,666 |
| COTS Software | \$ - | \$ - | \$ 5,400 | \$ 139,370 | \$ 260,780 | \$ 1,163,000 | \$ 657,896 | \$ - | \$ 2,216,446 |
| TOTAL DD&I Cost | \$ 17,050 | \$ 17,713,402 | \$ 48,097,317 | \$ 58,523,932 | \$ 113,105,974 | \$ 77,468,921 | \$ 48,991,766 | \$ - | \$ 363,918,362 |
| Maintenance & Operations | | | | | | | | | |
| State Personnel | | | | | | | | | |
| DHS Eligibility Support | \$ - | \$ - | \$ 2,235,112 | \$ 1,134,566 | \$ 2,037,144 | \$ 2,123,355 | \$ - | \$ - | \$ 7,530,177 |
| EDM Scanning and Indexing Staff | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 483,231 | \$ - | \$ - | \$ 483,231 |
| State M&O - Other | \$ - | \$ - | \$ 200,839 | \$ 238,554 | \$ - | \$ - | \$ - | \$ - | \$ 439,393 |
| State M&O - Other Integrated Solution | \$ - | \$ - | \$ - | \$ 68,601 | \$ 1,989,477 | \$ 1,001,604 | \$ 231,892 | \$ - | \$ 3,291,574 |
| Contracted Services | | | | | | | | | |
| HPES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 2,848,070 | \$ 1,837,500 | \$ - | \$ 4,685,570 |
| Data Management | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,317,576 | \$ 2,027,040 | \$ - | \$ 3,344,616 |
| UHIP Security & Support | | | | | | | | | |
| UHIP Security & Support Integrated Solution | \$ - | \$ - | \$ 50,962 | \$ 553,045 | \$ 1,094,745 | \$ 1,071,200 | \$ - | \$ - | \$ 2,165,945 |
| UHIP Technology Platform | | | | | | | | | |
| Initial Hosting/M&O | \$ - | \$ - | \$ 5,852,201 | \$ 1,771,953 | \$ - | \$ - | \$ - | \$ - | \$ 7,624,154 |
| Ongoing Hosting/M&O | \$ - | \$ - | \$ - | \$ 1,780,453 | \$ - | \$ - | \$ - | \$ - | \$ 1,780,453 |
| Ongoing Hosting/M&O - SFY16 | \$ - | \$ - | \$ - | \$ 1,229,750 | \$ 23,397,623 | \$ - | \$ - | \$ - | \$ 24,627,373 |
| Ongoing Hosting/M&O - SFY17 and Beyond | \$ - | \$ - | \$ - | \$ - | \$ 1,100,000 | \$ 4,589,999 | \$ 4,400,000 | \$ - | \$ 10,089,999 |
| Contact Center | | | | | | | | | |
| Initial Hosting/M&O | \$ - | \$ - | \$ 9,572,964 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 9,572,964 |
| Ongoing Hosting/M&O | \$ - | \$ - | \$ - | \$ 10,948,101 | \$ - | \$ - | \$ - | \$ - | \$ 10,948,101 |
| Ongoing Hosting/M&O SFY16 and Beyond | \$ - | \$ - | \$ - | \$ 4,781,281 | \$ 12,214,681 | \$ 9,297,430 | \$ 9,353,932 | \$ - | \$ 35,647,324 |
| OESP | | | | | | | | | |
| Outreach and Education | \$ - | \$ - | \$ 65,625 | \$ 86,458 | \$ 50,000 | \$ 50,001 | \$ - | \$ - | \$ 202,083 |
| Total M&O Cost | \$ - | \$ - | \$ 17,977,703 | \$ 22,592,852 | \$ 42,243,670 | \$ 22,782,526 | \$ 17,850,364 | \$ - | \$ 123,447,115 |
| Total Project | \$ 17,050 | \$ 17,713,402 | \$ 66,075,020 | \$ 81,116,784 | \$ 155,349,644 | \$ 100,251,447 | \$ 66,842,130 | \$ - | \$ 487,365,477 |

11.1. Design, Development and Implementation Costs

11.1.1. State Personnel – Training Related

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred based on the new UHIP Roadmap schedule. After additional review of State and contractor staffing approaches, the updated FFY 2017 annual estimate for this category is \$251,388 for state staff trainers who will be responsible for the training after cut over.

11.1.2. State Personnel – All Other

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred. Staff working directly on Medicaid related assignments have been excluded from this category.

The State Personnel adjustments reflect the state staff required to support the scope in this IAPD-U submission and include skill sets and positions needed to adequately manage all aspects of the system development life cycle, manage and support the DDI system integrator, 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;
- Rhode Island Healthcare Services;
- Department of Administration;
- Division of Information Technology; and
- Office of the Health Insurance Commissioner

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

- Project Executive Management Oversight;
- Project Management;
- Contract Management;
- Financial Management;
- Technical Management;
- Business Subject Matter Experts;
- Eligibility Technicians;
- Policy and Program Subject Matter Experts;
- User Acceptance Testing Management and Execution;
- Training Management and Delivery;
- Implementation Management and Subject Matter Experts;
- Data Center Management and Support; and
- Electronic Document Management Scanning and Indexing

The total state personnel budget for FFY 2017 is \$4,562,424 for this category.

11.1.3. Allocated Medicaid Personnel

Rhode Island has identified HSRI, DOA and DoIT staff who will work on Medicaid related tasks for the new integrated solution. The DoIT and DOA staff allocation has been determined based on the actual time spent supporting development efforts (vendor and procurement management, administrative support, project management, project budget support). The positions are 1 Assistant Director Central Information Management Services, 1 Associate Director for Financial

Management, 1 Chief Digital Officer, 1 Senior Technical Project Manager, 1 Executive Director and several technical resources. Finally, HSRI, is assigning a Contact Center Manager, Chief Information Officer and Enrollment Manager. The total annual estimated cost for this line item is for FFY 2017 is \$723,054.

11.1.4. Contracted Services – Project Management Vendor

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

PCG, Inc. provides leadership in developing, maintaining and operating the State-side Project Management Office (PMO) inclusive of all project management procedures, processes and tools. This includes assisting the State in the management of the project schedule, action items, issues, risks, project financials, communications management, document management, change management, release management and defect management. As part of the PMO, PCG also provides functional and technical subject matter expertise to support the State during requirements and design sessions and overall quality assurance of the SI contract deliverables and work products. PCG works in collaboration with the Deloitte PMO to ensure the project operates uniformly, efficiently and effectively.

Several other important aspects of PCG's PMO activity is to (1) assist the State with all aspects of document management, including reviewing, commenting and approving the hundreds of SI contract deliverables and other specified work products and (2) provide support for all aspects of production problem identification and reporting, defect management and release management.

PCG also provides leadership in the development of APDs, financial management and enterprise wide UHIP project budgets and State agency budgets.

11.1.5. Contracted Services – Technology Implementation Vendor

The State is requesting a FFY 2017 budget of \$54,864,222 for the Technology Implementation vendor, Deloitte Consulting. This value includes a carryover from FFY 2016 from the base contract, payables, and retainage. It also includes an increase which is being requested to address actual and expected change orders to the contract that will arise from recent and forthcoming federal guidance as well as from enhancements and modifications needed to the baseline project requirements. A summary of the FFY 2017 requests budget includes:

- \$5,192,739 of which is associated with the base contract (e.g., 2016 payables, retainage).
- \$33,171,484 of which is associated with the actual and/or planned contract amendments listed in the table below to support the FFY 2017 Road Map comprised of:
 - Future RIBridges Design, Development, and Implementation Enhancements;
 - UHIP Cyber Security Roadmap Enhancements;
 - Data Analytics Roadmap Enhancements; and
 - Implementation Support for Back-Office Scanning
- \$16,500,000 of the design, development and implementation costs are related to continual development of RIBridges including continued regression testing, extended user acceptance testing, production defect management/triage/resolution, minor change management (e.g., requirements clarification).

The following proposed changes have been carefully reviewed and approved by the State and determined to be essential. The cost allocation will be consistent with the most appropriate cost allocation methodology as detailed in Section 13 Cost Allocation Methodology.

11.1.5.1. Future RIBridges Design, Development and Implementation Enhancements

The State is requesting \$15,500,000 million for three planned additional FFY 2017 releases to address system functionality and enhancements following the initial July 2016 RI Bridges Release 7. These enhancements are in response to more recent federal and state guidance/requirements; results of user acceptance testing and pilots; and other system performance needs discovered since the functional and technical design was completed and approved for RI Bridges in the fall of 2015.

Prior to FFY 2017, the State is planning a 4th quarter FFY 2016 release, which was approved by CMS in the June 2015 Rhode Island IAPD submission. This release will implement updates in response to issues identified during the initial state wide cut-over to the new system in July 2016, address the non-critical anomalies that were identified during the various phases of testing and pilot implementations.

The following are a brief description of the anticipated FFY 2017 Roadmap releases for RIBridges. Table 4, FFY 2017 Planned Release Schedule.

11.1.5.1.1. January/February 2017 RIBridges Release

This release is expected to add significant enhancements with the high priority items from the FFY 2017 Roadmap and further refinements to system functionality identified following the July release.

11.1.5.1.2. May/June 2017 RIBridges Release

This FFY 2017 release will continue to implement additional enhancements based on requirements and system performance needs from the FFY 2017 roadmap and further address system functionality

11.1.5.1.3. August/September 2017 RIBridges Release

The last release in FY 2017 will implement additional enhancement priority items from the FFY 2017 roadmap and further address system functionality issues.

Table 4: FFY 2017 Planned Release Schedule

| Contract Amendment | Planned Release | Estimated Implementation | Change Description |
|--------------------|-----------------|---|--|
| CA 39 | 7.nn | January/February 2017 Estimated Value: \$5,000,000 | 3) High priority system enhancements 4) Refinements to system functionality |
| CA 39 | 7.nn | April/May 2017 Estimated Value: \$5,000,000 | 3) System enhancements 4) System functionality improvement |
| CA nn | 7.nn | August/September 2017 Estimated Value: \$5,500,000 | 3) System Enhancements 4) System functionality improvements |

The releases will incorporate high priority enhancements identified and approved by the state from the FY 2017 Roadmap. These enhancements are listed in Table 5, FFY 2017 Potential Roadmap Components. Table 5 provides more detail on the potential enhancements from the FFY 2017 Roadmap that may be included in one of the three FY 2017 releases. The list, includes potential high priority enhancements impacting the following stakeholder agencies: EOHHS, DHS, and HSRI.

After evaluating the results of the July 2016 RIBridges implementation, the State and Deloitte Consulting will use the PMO Change Management/Release Management Processes to routinely collaborate to determine the prioritization/schedule for adding enhancements to the new system. The state will provide updates to all federal partners if there are significant changes to the FFY 2017 Roadmap activities listed below.

Table 5: FFY 2017 Potential Road Map Components

| Contract Amendment | Source | Short Title |
|--------------------|-----------------|---|
| CA 39 | FY 2017 Roadmap | 1) Add MART Review Begin Date 2) Relationship Verification for SNAP 3) Add NCP Search to Indiv Search Screen 4) Enhancement for Entering CIOS with a Date Range 5) Add Pension Types to Unearned Income 6) Unverified or Unknown LPR Status and I-551 Number 7) Interface enhancements for Food and Nutrition Service (FNS) – eDRS 8) SVES to VAMS Conversion for SSA 9) TOP Updates for Food and Nutrition Service 10) DLT - UI/SWICA Requests 11) Section 8 Utility Reimbursement to be added to unearned income dropdown 12) Need to add Article 15 as a new Need Reason for CCAP 13) Additional information to be displayed on DHS-1605 when the denial reason is IPV 14) Disability Details: Form Dates 15) Add NCP Screen in Driver flow for DCYF MA Request 16) RIW client able to bypass question about rent subsidy 17) DIRAD – SNAP VRU/IVR Interface: Inclusion of an additional interface to provide eligibility and appointment data to the IVR system 18) Combined change request for gaps |

| Contract Amendment | Source | Short Title |
|--------------------|--------|---|
| | | identified between UHIP and InRhodes through Gap Analysis exercises 19) Update DOC Interface to accept two new fields 20) Updates to the Self Service Portal 21) Asset Verification 22) Program Integrity 23) Self Service CCAP Provider Application for Enrollment 24) CCAP Provider Union Updates 25) Data Extract for IVR 26) Advanced Admin Capability 27) Billing and enrollment changes 28) Auto-enrollment 29) Medicare and Age 65 30) CMS 834 Reporting Requirements 31) 834 Disenrollment Codes 32) Notice changes 33) Spilt Issuance Pilot |

The State has also begun planning for activities in FFY 2018 and is planning three releases to continue implementation of lower priority enhancements from the roadmap. These additional enhancements, budgeted at a cost of \$15,000,000 will be explained in greater detail in an as needed IAPD or IAPDU in 2017. The basic parameters of the release, and the expected enhancements, are listed in Table 6.

Table 6: FFY 2018 Roadmap

| Contract Amendment | Planned Release | Estimated Implementation | Change Description |
|--------------------|-----------------|--|--|
| CA nn | 7.nn | January/February 2018 Estimated Value: \$5,000,000 | 1) Add additional instructional popups 2) Pictures on the benefit card 3) Online help videos |
| CA nn | 7.nn | April/May 2018 Estimated Value: \$5,000,000 | 1) Content management system 2) Streamline verification tasks 3) Reduce document requests for verification |

| | | | |
|-------|------|--|---|
| CA nn | 7.nn | August/September 2018 Estimated Value: \$5,000,000 | 1) Manually generate voter registration form 2) Prefill address for premium assistance 3) Self-service request for card replacement |
|-------|------|--|---|

11.1.5.2. UHIP Cyber Security Roadmap Enhancements

The State plans to enhance the overall data security and privacy posture as part of the RIBridges implementation and integration between the Citizen Portal and the Worker Portal. With the ongoing UHIP system changes and in a continuous endeavor to safeguard UHIP system and data, there are several security enhancement areas that State plans to implement in 2016-17. The scope of security enhancements is comprised of multiple project threads described below. Each of these security projects require investments for additional hardware, software, and services to effectively meet the more robust security requirements from CMS and IRS as well as address the State’s security requirements. The hardware and software services have been included in section 11.1.3 below. But the State is requesting \$5,250,000 for the implementation service costs.

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

11.1.5.2.1. Infrastructure Security

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

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

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

QRadar Advanced Reporting

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

Sensitive Data Masking

Sensitive data masking enables safe usage of Production data for development, testing, or sharing with external partners. This enhancement will involve implementation of a data masking tool to mask sensitive data in applications and databases and replace them with realistic values, de-identifying sensitive information to protect data privacy, support compliance, and avoid sensitive data leaks.

Key Lifecycle Management

This enhancement will implement a key lifecycle management tool for the automated and secure management of cryptographic keys for UHIP, and to meet the IRS and CMS security controls.

Endpoint Management

Endpoint Management is a policy-based monitoring solution that has an intelligent agent installed on each endpoint (such as servers and PCs), and facilitates continuous self-assessment and compliance with specific security.

Infrastructure Security Vulnerability Testing

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

11.1.5.2.2. Identity Management and Application Security

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

Identity and Access Management Implementation Roadmap for RIBridges Security

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

User Access Certification (UAC)

This enhancement will enable an automated solution for the management of periodic user access and authorization review. This will bring better visibility of user access for application owners, auditors, and security administrators and automate periodic user access review and certification, with a separation of duties (SoD) check. Federal agencies, like CMS and IRS, have requirements around user access reviews, and while these are currently being done manually, there is a risk for a minimal and lacking execution of such reviews.

Privileged Identity Management (PIM)

This enhancement centrally manages and provides visibility of privileged identities across applications, servers, and databases. Audit reporting capabilities are produced for privileged user account access and activities for audit proof and security compliance, and additional control over access to privileged accounts for only authorized individuals and accountability for shared privileged account.

UHIP Application Security Vulnerability Testing

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

11.1.5.2.3. Compliance Security

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

Compliance Management Roadmap for RIBridges Security

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

Automated Governance, Risk & Compliance (GRC)

This enhancement will assist in the automation of governance, risk and compliance activities, in line with common technology practices, Federal regulations, and internal methods. Security risk

and compliance activities will be operationalized while managing a variety of internal practices (e.g., policies, procedures, standards).

11.1.5.3. Data Analytics Roadmap Enhancements

The State is requesting a FFY 2017 budget of \$6,000,000 for the Technology Implementation Vendor, Deloitte Consulting for the implementation of UHIP data analytics roadmap. This is being requested to address actual and expected change orders to the contract that will arise from additional dashboards and integration of additional data sources.

The State plans to enhance the overall data analytics platform as part of the integration between the Citizen Portal and the Worker Portal. With the need for more robust analytics solutions and enhanced program monitoring in 2016-17, the State wants to build on the initial work performed on the Citizen Portal and integrate additional data sources. The scope of data analytics enhancements is comprised of multiple project threads described below. Each of these projects require investments for additional hardware, software, and services to effectively meet the State's need for a consolidated data environment and measurement of program effectiveness which are included in the Hardware and COTS sections below.

11.1.5.3.1. Enhancement to the Existing Data Structures and Dashboards

Enhancements to the existing data structures and dashboards includes items which were identified as needed during the requirements phase of the existing contract. An example of some of the items which were requested include a financial and payments dashboard, an address data mart, in addition to dash-boarding functionality which will include the traditional Medicaid population. These solutions will increase visibility and monitoring of program effectiveness, provide the ability to track and measure payments, refunds, write-offs, and other financial measures, and also provide the ability to understand where address information may be discrepant across multiple data sources (causing a PII breach) or where the mailing of notices may be returned.

11.1.5.3.2. Integration of Additional Data Sources

This enhancement will be comprised of the integration of additional data sources which were requested during the requirements phase of the existing contract. These data sources include the following:

- Call Center Data Integration – Integration of data from the call center to have a complete understanding of an individual's account information at the call center and to allow the operations team to have insight into a customer's request/history when researching a case.
- Fairhealth Appeals Integration – Integration of the appeals data to have a full view into a customer's appeals status and updates when analyzing an account or for litigation.
- GIS Healthcare Center Integration – Integration of Health centers location and a dashboard to show the overlay of Medicaid clients to health center locations.
- Google Analytics Integration – Integration of current Google Analytics data to provide analysis on customers who are logging into the system and which pages are being accessed.
- RIBridges Program Integration – Integration of RIBridges programs to create dashboards and measures which allow real-time analysis of program effectiveness. The specific asks were for key metrics related to SNAP, RI Works, and CCAP programs which have previously been unavailable.
- APCD Integration – Details of how this data will be leveraged in this environment have not been defined.

11.1.5.3.3. Dashboard for Local Office, Directors, and Supervisors

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

11.1.5.4. Medicaid Eligibility Verification System Technology

Ensuring accurate eligibility determinations in Medicaid and human services programs is critical to their viability and long-term success in meeting the needs of the population. A potentially superior source of accurate and current income data in Rhode Island is through the state's Unemployment Insurance (UI) income reporting system for UI applicants/recipients.

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

11.1.5.5. Implementation Support for Back-Office Scanning

The back-office scanning initiative is instrumental to helping the State make the transition to RIBridges as seamless as possible by supporting the local office workers stream-line the application intake and case maintenance processes. It also helps the State achieve the planned cost benefit goals for the new system by expediting the State's vision to achieve a near-paperless office environment. This implementation support best practice provides for scanning and storing legacy documents into the RIBridges system. This effort focuses on two critical elements (1) the configuration and integration of scanned images and centrally stores those images and (2) it also includes the configuration of the increase in RIBridges electronic storage to ensure there is enough system capacity for go-live.

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

11.1.6. Contracted Services – Technical Assistance Vendor

There are no further changes to this cost category.

11.1.7. Contracted Services – IV&V Vendor

Consulting Solutions Group, Inc., (CSG) IV&V Vendor costs have been updated to reflect actual expenditures. The current vendor's contract is through February 2017. The state is budgeting for a total IV&V annual cost of \$871,740 for the FFY 2017.

11.1.8. Contracted Services – InRhodes Conversion and Bridging

The InRhodes Conversion and Bridging contractor, Northrup Grumman Information Systems, Inc. services will need to be extended to September 2017 to continue their role in providing conversion and bridging services on the project during the new Road Map time line. An additional cost of \$2,080,000 is being requested. In addition to conversion and bridging, the contractor will continue to support the project by providing functional and technical subject matter expertise. These services will also be gradually reduced as the project transitions to the M&O phases of the project and retirement of a substantive portion of the legacy system, InRhodes, for supporting human services programs.

11.1.9. Contracted Services – Contact Center

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

11.1.10. Contracted Services – Other Contracted Services

11.1.10.1. Medicaid Management Information System Integration

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

MCI-ID

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

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

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

A specific example of the effects of the ID change is an intense testing schedule with 5 Plans currently under contract with the State, which began in late March 2016. The 5 Plans will be required to test transactions 834, 837, and 277CA's, and absorb the newly converted identification information into their systems prior to the RIBridges Go-Live date in July 2016.

Human Services Data Warehouse

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

In the early spring of 2016, a decision was made by the State to update the data feeds, and allow only data elements that are critical to reporting, to be sent to the HSDW. A separate effort, to assess the HSDW and determine its direction for future data and reporting needs, will then be conducted. At that time, further enhancements will be required to the HSDW. Throughout this process, HPE may be called upon to explain or resolve concerns.

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

11.1.10.2. User Acceptance Testing Technical Assistance

Includes technical assistance to help the State develop User Acceptance Test (UAT) Plans, Scripts, and test data. This service also includes execution of the UAT. The State will also provide substantive resources to participate in all UAT activities and will provide the final acceptance of all system Releases. Rhode Island is requesting a budget of \$2,625,000 for FFY 2017. This is a DDI cost at the CMS enhanced federal participation rate of 90%. Currently, KPMG is the contractor providing the UAT technical assistance, however, this contract will be going out to bid for future releases.

11.1.10.3. Implementation Support Services

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

Table 7: Implementation Support Services

| Vendor | Total |
|---------------------------|--------------------|
| Tabner | \$1,187,500 |
| Wakely | \$500,000 |
| Faulkner Consulting Group | \$2,574,999 |
| Total | \$4,262,499 |

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

Tabner

Tabner will support the State by providing the following services:

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

Wakely

Wakely will support the State by providing the following services:

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

Faulkner Consulting Group (FCG)

FCG will support the State by providing the following services:

- DDI implementation support;
- Establishing workarounds for functionality that is not yet implemented;
- Support SDLC process from start to finish ensuring quality through DDI cycle;

- Release validation to ensure successful code merges; and
- Identifying gaps as reporting through customer facing channels and determining solutions

These three vendors are at the CMS enhanced federal participation rate of 90%.

11.1.11. Data Management

Rhode Island is requesting \$1,216,224 in FFY 2017 for Data Management services. These services are to be provided by Freedman HealthCare and include:

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

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

11.1.12. State System Interfaces for Verification

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

11.1.13. Hardware and Software Costs

In this section, the State outlines its request for hardware and software required to support its FFY 2017 needs. The hardware and software costs for FFY 2017 are estimated to be \$2,340,628 for FFY 2017. Per last years approved IAPD, the annual maintenance fees will be reflected as M&O Other beginning in FFY 2017. These estimates are summarized in Table 7.

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

Table 8: Hardware and Software Costs

| Function | Description | Cost |
|----------------------|--|-------------|
| Kiosks | Kiosks to offer self-service and assist with wait time. Reduce resource intensive tasks related to processing of lobby management. | \$141,059 |
| Development Hardware | Required to support the RIBridges DD&I technical platforms/environments, including development, system testing, production staging, and user acceptance testing, testing time travel, and training environments. | \$1,436,569 |

| Function | Description | Cost |
|--------------------------------|--|--------------------|
| Data Analytics Hardware | Required hardware for each of the data analytics projects. | \$75,000 |
| Security Hardware | Required hardware for each of the security enhancements projects. | \$500,000 |
| Web Application Firewall | Detect attacks against web applications in more depth than an Intrusion Prevention System. Protect against web application threats like SQL injection, cross-site scripting, session hijacking, parameter or URL tampering and buffer overflows, etc. | \$50,000 |
| ISP Failover Circuit | Provides automatic failover of the ISP. | \$30,000 |
| DR Circuit | Circuit connection to the site location for disaster recovery. | \$30,000 |
| VPN Configuration for MFA | Provides secure access for contact center users until point to point connection is installed. | \$18,000 |
| 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. | \$60,000 |
| Total | | \$2,304,628 |

11.1.14. COTS Costs

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

Table 9: COTS

| Function | Description | Cost |
|--------------------------|--|---------|
| Performance Testing Tool | Provide dynamic performance information. | \$3,000 |

| Function | Description | Cost |
|----------------------------|---|--------------------|
| Data Analytics | COTS software required for each of the data analytics enhancements. | \$100,000 |
| Security | COTS software required for each of the security enhancement projects. | \$750,000 |
| Business Intelligence Tool | Business Intelligence tools foster easy access to relevant information and support the development and distribution of a variety of reports. Simplified access to data and the ability to consolidate information across multiple data sources will enable the State of Rhode Island to improve workforce productivity and speed decision making. An Enterprise Business Intelligence tool will help State of Rhode Island stakeholders gain a greater understanding of the data that is available. | \$300,000 |
| Total | | \$1,153,000 |

11.2. Maintenance and Operations Costs

11.2.1. State Personnel – DHS Eligibility Support

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred. The annual Eligibility Technician and Supervisor costs are \$2,123,356 using a 75/25% cost allocation plan.

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

11.2.2. State Personnel EDM Scanning and Indexing

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

11.2.3. State M&O – Other

This category presents in-house costs of maintenance and operations of the UHIP platform. In this IAPD-U, Rhode Island requests including operating costs for new application forms, local

office site preparation/infrastructure, central printing and mailing, and licenses. The FFY 2017 anticipated costs are \$1,001,604. The proposed methodology allocates costs across benefitting Medicaid and Human Services programs. The requested Medicaid FFP will be 75%.

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

Table 10: Printing Costs

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

Table 11: Licenses

| Function | Cost |
|---------------------------------------|------------------|
| Business Intelligence Tool | \$90,000 |
| Auto Regression Test Tool License (3) | \$15,000 |
| Total | \$105,000 |

11.2.4. Contracted Personnel – HPES

The State is requesting \$2,848,070 in FFY 2017 for HPES post-implementation and reconciliation activities at the 75% federal enhanced match rate. Once the new system is implemented, the State will rely on HPES to assist with issue resolution, MMIS testing of the new fixes, and testing of new functionality. HPE will also be needed to help operationalize the system changes, decipher and explain recipient cases, and assist in the resolution of issues.

11.2.5. Contracted Personnel – Data Management

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

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

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

11.2.6. Contracted Personnel – UHIP Security and Support

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

11.2.7. Contracted Services – UHIP Technology Platform

The SI Vendor’s M&O contract ends on June 30, 2016. The state is currently in negotiations with the SI vendor to exercise one of option years in the contract to continue Maintenance & Operations for the period from July 1, 2016 to June 30, 2017 to be aligned with the State Fiscal Year. The State’s requirements for this new M&O period includes supporting RIBridges solution. The new integrated RIBridges solution provides a significant increase in the number of supported programs, functionality, capabilities and service population.

The State’s new M&O budget is based on lesson’s learned from the three years of experience in maintaining and operating the UHIP Citizen Portal solution. The state is confident that the final negotiated contracted amounts will not exceed the budgeted values.

Table 12: M&O Costs

| Item | Cost |
|-------------------------------|--------------------|
| Hosting Operations | \$180,000 |
| Maintenance and Operations | \$720,000 |
| Financial Management Services | \$3,500,000 |
| Total | \$4,400,000 |

The new contracted M&O amount of \$4,400,000 will take effect on July 1, 2016. The new M&O cost allocation methodology is based on the actual caseload as of April 30, 2016 and is being used beginning July 1, 2016.

The state is also requesting \$190,000 in FFY 2017 for the State Call Center Support. The State stood up the call center to support the central management of client telephone calls with requests for assistance and/or questions regarding their applications and ongoing benefits for MAGI, other Medicaid and other human services programs. The primary goal of this call center is to handle clients reaching out to the DHS local offices to apply for MAGI, other Medicaid and/or other HHS programs.

The State’s objective is realize substantive cost savings and improved client service by providing the technology and personnel to respond to client inquires more expeditiously, centralize a knowledge repository to ensure accurate responses, uniform communications to clients, automated call routing, and enhanced voice mail management. Equally important, this will free up DHS and EOHHS local office knowledge workers to more effectively manage their workloads. The importance of implementing the call center is accentuated because we anticipate a significant increase in the number of client phone calls as we work through the transition to the Integrated RIBridges system which will handle both MAGI and other HHS programs.

The State is requesting the System Integrator to assist with the preparation steps and provide onsite support. The process to automate and integrate all call center tools, technologies, and support will be handle in the future IAPD request.

11.2.8. Contracted Services – Contact Center

Costs have been updated to reflect actual expenditures to date and to adjust the timing in which costs are expected to be incurred. The State has finalized a contract with the new Contact Center vendor. This IAPD-U has an M&O cost for FFY 2017 of \$9,297,430. The CMS allocation is 75%. There are no further changes to this cost category.

11.2.9. Contracted Services – Outreach and Enrollment Support Program

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

12. COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES

There are minor changes to this section in this IAPDU to update the function point/lines of code analysis for RIBridges. The CMS allocation remains the same, however, a few of the human service program allocations were slightly revised for SFY 2017 and FFY 2017. Please reference the approved July 2015 approved submission language. Rhode Island has provided the Cost Allocation Plan table below for reference.

Table 13: Revised FFY 2017 DDI Cost Allocation Summary

| FFY 2017 DDI Allocation Summary | |
|---------------------------------|-------------|
| Medicaid and Common | 89.521% |
| TANF | 2.538% |
| SNAP | 3.517% |
| GPA | 1.809% |
| CCAP | 2.053% |
| SSP | 0.562% |
| Total | 100% |

Table 12 above represents an update to the planned values using a version of the application as of April 2016. SNAP functionality increased slightly to account for a better understanding of the business and functional requirements for Mass Benefit Replacement SNAP Issuance, Split SNAP Issuance, determine SNAP eligibility for ABAWD regulations, and the real-time ability to query/add/modify the eDRS list of disqualified SNAP recipients (individuals who have violated SNAP program rules anywhere in the nation) and National New Hire. The TANF cost allocation was also revised to accommodate a higher number of lines of code to implement the household composition, eligibility determination and client notices.

Table 14: RIBridges FFY 2017 DDI Lines of Code Analysis

| Benefiting Programs | Lines of Code | Reference Table | Tables | Rules | Total | % | % Based on New Enhancements |
|--------------------------|----------------|-----------------|--------|-------|------------------|----------------|-----------------------------|
| SNAP | 310,370 | 218 | 34 | 5,020 | 315,642 | 3.69% | 3.52% |
| TANF | 223,420 | 14 | 42 | 4,247 | 227,723 | 2.66% | 2.54% |
| CCAP | 180,370 | 48 | 24 | 3,725 | 184,167 | 2.15% | 2.05% |
| MA | 479,110 | 231 | 47 | 6,546 | 485,934 | 5.67% | 5.42% |
| SSP | 50,014 | 14 | 23 | 411 | 50,462 | 0.59% | 0.56% |
| SSI Medicaid | 53,999 | 13 | 9 | 970 | 54,991 | 0.64% | 0.61% |
| GPA | 161,000 | 28 | 28 | 1,257 | 162,313 | 1.90% | 1.81% |
| Early Intervention | 50,246 | 19 | 17 | 976 | 51,258 | 0.60% | 0.57% |
| KT-Beckett | 52,301 | 13 | 9 | 1,901 | 54,224 | 0.63% | 0.60% |
| QHP | 68,446 | 28 | 16 | 2,589 | 71,079 | 0.83% | 0.79% |
| Shared Services & Common | 6,903,205 | 1,301 | 2,504 | | 6,907,010 | 80.64% | 76.98% |
| Sub Total | | | | | 8,564,803 | 100.00% | 95.45% |
| Anticipated LOC | 408,178 | | | | 408,178 | | 4.55% |

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| | | | |
|--------------------|--|--|----------------|
| Grand Total | | | 100.00% |
|--------------------|--|--|----------------|

13. 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.

14. 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.

15. 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.

Procurement Standards (Competition / Sole Source)

- | | | |
|--------------------|---|-----------------------------|
| SMM, Part 11 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45 CFR Part 95.615 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45 CFR Part 92.36 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Access to Records, Reporting and Agency Attestations

- | | | |
|----------------------------------|---|-----------------------------|
| 42 CFR Part 433.112(b) (5) – (9) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45 CFR Part 95.615 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMM Section 11267 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports

- | | | |
|---------------------|---|-----------------------------|
| 45 CFR Part 95.617 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 42 CFR Part 431.300 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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45 CFR Part 164 Yes No

Independent Verification and Validation (IV&V)

45 CFR Part 95.626 Yes No

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APPENDIX A Medicaid Detailed Budget Table

Medicaid/CHIP Detailed Budget Table

Covers Federal Fiscal Years 2012-2021 Q1 (ending September 30, 2021)

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

| | Medicaid Share (90% FFP) DDI 28A & 28B† | State Share -10% | Medicaid Share (75% FFP) DDI (COTS) 28A & 28B† | State Share -25% | Medicaid Share (75% FFP) M&O 28C & 28D† | State Share -25% | Medicaid Share (75% FFP) M&O E&E Staff 28E & 28F† | State Share -25% | Medicaid ENHANCED FUNDING FFP Total | State Share Total | Medicaid ENHANCED FUNDING (TOTAL COMPUTABLE) |
|------------------------|---|---------------------|---|---------------------|---|---------------------|---|---------------------|--|-------------------|---|
| FFY 2012 | 15,345 | 1,705 | - | - | - | - | - | - | 15,345 | 1,705 | 17,050 |
| FFY 2013 | 7,746,609 | 860,735 | - | - | - | - | - | - | 7,746,609 | 860,735 | 8,607,344 |
| FFY 2014 | 27,555,669 | 3,061,742 | 4,050 | 1,350 | 5,734,322 | 1,911,440 | 1,725,553 | 575,184 | 35,019,594 | 5,549,716 | 40,569,310 |
| FFY 2015 | 34,626,319 | 3,847,370 | 104,528 | 34,843 | 12,647,342 | 4,215,780 | 915,769 | 305,257 | 48,293,958 | 8,403,250 | 56,697,208 |
| FFY 2016 | 85,637,476 | 9,515,274 | 195,585 | 65,195 | 24,887,356 | 8,295,785 | 1,730,328 | 576,776 | 112,450,745 | 18,453,030 | 130,903,775 |
| FFY 2017 | 60,482,957 | 6,701,217 | 864,750 | 288,250 | 12,057,461 | 4,033,487 | 1,813,984 | 604,662 | 75,219,152 | 11,627,616 | 86,846,768 |
| FFY 2018-1Q21 | 38,556,768 | 4,284,085 | 493,422 | 164,474 | 10,841,417 | 3,613,806 | - | - | 49,891,607 | 8,062,365 | 57,953,972 |
| Total FFY 2012-1Q21 | 254,621,143 | 28,272,128 | 1,662,335 | 554,112 | 66,167,898 | 22,070,298 | 6,185,634 | 2,061,879 | 328,637,010 | 52,958,417 | 381,595,427 |

| | Medicaid Share (50% FFP) M&O E&E Staff 28G & 28H† | State Share -50% | Medicaid Share (50% FFP) General 29† | State Share -50% | Medicaid NOT ENHANCED FUNDING FFP Total | State Share Total | Medicaid NOT ENHANCED FUNDING (TOTAL COMPUTABLE) |
|------------------------|--|---------------------|--|---------------------|--|-------------------|--|
| FFY 2012 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| FFY 2013 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| FFY 2014 | \$ 622,143 | \$ 622,143 | \$ - | \$ - | \$ 622,143 | \$ 622,143 | \$ 1,244,286 |
| FFY 2015 | \$ 372,814 | \$ 372,814 | \$ - | \$ - | \$ 372,814 | \$ 372,814 | \$ 745,628 |
| FFY 2016 | \$ 140,653 | \$ 140,653 | \$ - | \$ - | \$ 140,653 | \$ 140,653 | \$ 281,306 |
| FFY 2017 | \$ 134,021 | \$ 134,021 | \$ - | \$ - | \$ 134,021 | \$ 134,021 | \$ 268,042 |
| FFY 2018-1Q21 | \$ 84,391 | \$ 84,391 | \$ - | \$ - | \$ 84,391 | \$ 84,391 | \$ 168,782 |
| Total FFY 2012-1Q21 | \$ 1,354,022 | \$ 1,354,022 | \$ - | \$ - | \$ 1,354,022 | \$ 1,354,022 | \$ 2,708,044 |

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| | CHIP FFP % | STATE % | CHIP FFP Share 33† | State Share -- | CHIP Total |
|------------------------|------------|---------|-----------------------|-------------------|---------------|
| FFY 2012 | 66% | 34% | \$ - | \$ - | \$ - |
| FFY 2013 | 66% | 34% | \$ 463,807 | \$ 238,931 | \$ 702,738 |
| FFY 2014 | 66% | 34% | \$ 587,656 | \$ 302,731 | \$ 890,387 |
| FFY 2015 | 66% | 34% | \$ 836,522 | \$ 393,165 | \$ 1,229,687 |
| FFY 2016 | 88% | 12% | \$ 3,150,743 | \$ 417,886 | \$ 3,568,629 |
| FFY 2017 | 88% | 12% | \$ 587,715 | \$ 77,949 | \$ 665,664 |
| FFY 2018-1Q21 | 66% | 34% | \$ 156,886 | \$ 20,808 | \$ 177,694 |
| Total FFY 2012-1Q21 | 66% | 34% | \$ 5,783,329 | \$ 1,451,470 | \$ 7,234,799 |

| | Medicaid ENHANCED FUNDING FFP Total | Medicaid NOT ENHANCED FUNDING FFP Total | CHIP FFP Total | TOTAL FFP | STATE SHARE TOTAL | APD TOTAL (TOTAL COMPUTABLE) |
|------------------------|---|---|-------------------|----------------|----------------------|---------------------------------|
| FFY 2012 | \$ 15,345 | \$ - | \$ - | \$ 15,345 | \$ 1,705 | \$ 17,050 |
| FFY 2013 | \$ 7,746,609 | \$ - | \$ 463,807 | \$ 8,210,416 | \$ 1,099,666 | \$ 9,310,082 |
| FFY 2014 | \$ 35,019,594 | \$ 622,143 | \$ 587,656 | \$ 36,229,393 | \$ 6,474,590 | \$ 42,703,983 |
| FFY 2015 | \$ 48,293,958 | \$ 372,814 | \$ 836,522 | \$ 49,503,294 | \$ 9,169,229 | \$ 58,672,523 |
| FFY 2016 | \$ 112,450,745 | \$ 140,653 | \$ 3,150,743 | \$ 115,742,141 | \$ 19,011,569 | \$ 134,753,710 |
| FFY 2017 | \$ 75,219,152 | \$ 134,021 | \$ 587,715 | \$ 75,940,888 | \$ 11,839,586 | \$ 87,780,474 |
| FFY 2018-1Q21 | \$ 49,891,607 | \$ 84,391 | \$ 156,886 | \$ 50,132,884 | \$ 8,167,564 | \$ 58,300,448 |
| Total FFY 2012-2017 | \$ 328,637,010 | \$ 1,354,022 | \$ 5,783,329 | \$ 335,774,361 | \$ 55,763,909 | \$ 391,538,270 |

| | Project Total* | Medicaid/CHIP Allocation Amount | Medicaid Allocation Percentage | Medicaid Allocation Amount | CHIP Allocation Percentage | CHIP Allocation Amount | Exchange Grant Share* |
|------------------------|----------------|------------------------------------|--------------------------------------|-------------------------------|----------------------------------|---------------------------|-----------------------|
| FFY 2012 | \$ 17,050 | \$ 17,050 | 100% | \$ 17,050 | 0% | \$ - | 0.00% |
| FFY 2013 | \$ 17,713,402 | \$ 9,310,082 | 49% | \$ 8,607,344 | 4% | \$ 702,738 | 47.43% |
| FFY 2014 | \$ 66,075,020 | \$ 42,703,983 | 63% | \$ 41,813,596 | 1% | \$ 890,387 | 29.33% |
| FFY 2015 | \$ 81,116,784 | \$ 58,672,523 | 71% | \$ 57,442,836 | 2% | \$ 1,229,687 | 16.88% |
| FFY 2016 | \$ 155,349,644 | \$ 134,753,710 | 84% | \$ 131,185,081 | 2% | \$ 3,568,629 | 0.00% |
| FFY 2017 | \$ 100,251,447 | \$ 87,780,474 | 87% | \$ 87,114,810 | 1% | \$ 665,664 | 0.00% |
| FFY 2018-1Q21 | \$ 66,842,130 | \$ 58,300,448 | 87% | \$ 58,122,754 | 0% | \$ 177,694 | 0.00% |
| Total FFY 2012-1Q21 | \$ 487,365,477 | \$ 391,538,270 | 79% | \$ 384,303,471 | 1% | \$ 7,234,799 | 10% |

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

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

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

ATTACHMENTS

Attachment A: FFY Budgets by Funding Source

Please see Attachment A as part of the submission package.

Attachment B: July 2015 Approved IAPDU

Please see Attachment B as part of the submission package.