2018

State of Rhode Island
UHIP IAPD-U
FFY 2019 Submission

Name of State: Rhode Island

Name of State Medicaid Agency: Executive Office of Health and Human Services

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Brief Description of Latest Version Additions/Changes/Deletions:

Rhode Island is requesting continued funding from the Centers for Medicare and Medicaid Services (CMS) and the Food and Nutrition Service (FNS) to support further project improvements and RI Bridges stabilization efforts. Included in this submission are related project, budget and cost-allocation planning details.

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1-Executive Summary

In Rhode Island, we take our charge seriously in promoting health, nurturing quality of life, and being there for Rhode Islanders when needed. The State's work on the Unified Health Infrastructure Project (UHIP) is an important part of the equation. And our highest priority has been ensuring people have timely access to benefits. We have made significant progress, such as achieving over 90 percent timeliness for the Supplemental Nutrition Assistance Program (SNAP) for the last seven months and reducing overall pending applications awaiting State action by more than half since March 2018.

Detailed in this Implementation Advance Planning Document Update (IAPD-U) for Federal Fiscal Year 2019 (FFY19) is the State's progress in strengthening project governance, IT and agency operations, and vendor oversight and administration. Also included is progress made throughout Federal Fiscal Year 2018 (FFY18) to enhance the RI Bridges Integrated Eligibility System – improving its usability, reducing defects, and ensuring quality in testing and releases. Among the highlights are:

- Establishing a project management office and developing enterprise-wide Key Performance Indicators (KPIs) to guide work prioritization and budget, procurement and contract oversight;
- Developing a theme-based release planning approach;
- Creating and implementing an escalation model at DHS field offices;
- Releasing the Worker Inbox into production;
- Achieving 99 percent overall transaction success rates from RI Bridges to MMIS;
- And reducing category 2 MMIS reconciliation errors by 92 percent.

As we move forward, the State is focused on ensuring RI Bridges is fully compliant and operational and that we continue to have a strong workforce and management structure behind it. Specifically, we are scheduled for the first major release of FFY19 this December. While scope planning continues, the release will likely include improvements to:

- Renewal notices and tax forms;
- Benefit decision notices;
- SNAP appointment scheduling;
- SNAP Able-Bodied Adults Without Dependents (ABAWD) functionality;
- And Rhode Island Works time clocks.

Through this IAPD-U, Rhode Island is requesting continued funding from the Centers for Medicare and Medicaid Services (CMS) and the Food and Nutrition Service (FNS) to support further project improvements and RI Bridges stabilization efforts. Included in this submission are related budget and cost-allocation planning details. The State continues to hold its system integration vendor, Deloitte Consulting, accountable to fixing RI Bridges and ensuring it achieves performance targets. Rhode Island has stopped payment to the vendor and negotiated two credits, totaling $85 million, to cover unanticipated costs associated with efforts to mitigate issues with the system. The State will continue to withhold payment until this work is complete.

2-Results of Activities Included in the IAPD

More than 300,000 Rhode Island residents rely on the State to accurately and efficiently provide food assistance, child care subsidies, health insurance, and other vital social services.

Phase I of UHIP, Rhode Island's health exchange, was central to the State improving access to healthcare for Rhode Islanders and achieving one of the lowest uninsured rates in the country at 4.3 percent. Rhode Island is also ranked third in the nation for children's health coverage, with more than 98 percent of children insured. The State continues to prioritize and make progress toward strengthening access to healthcare and other critical supports – a theme reflected throughout this IAPD-U.

Following Phase II of UHIP, the launch of RI Bridges and development of a robust turn-around strategy, the State made significant progress in strengthening project governance, IT and agency operations, and vendor oversight and administration. Two, broad outcome goals have guided this work in FFY18: 1) ensuring timely **access** to benefits for Rhode Islanders, and 2) moving toward a system that is fully **compliant** with State and Federal regulations. These outcomes are achieved by ensuring greater technical **stability** of RI Bridges.

Achieving Timely Access to Benefits

A continued focus on system improvements and strengthening the workforce has led to sharp reductions in the backlog of new applications, which is a key measure of benefit access for Rhode Islanders. In FFY18, the State made significant progress, including:

- Clearing the SNAP backlog as of December 2017;
- Cutting the total number of overdue applications pending State action by more than half since March 2018;
- Reducing the new, overdue medical applications pending State action by 57 percent since March;
- And reducing the backlog for new LTSS applications, which is the most difficult and time-consuming application on which to determine eligibility, by two-thirds since March.

For SNAP, the State has made important strides to improve timeliness, achieving over 90 percent timeliness for the last seven months (October's average was 96.3 percent). These data are reported using a more stringent requirement than FNS APT calculations and compare favorably to Rhode Island's pre-go-live FFY15 FNS APT rate of 93.2 percent. While the number of applications not processed timely represents less than one percent of Rhode Island's total SNAP population, the State remains focused on improving timeliness.

The State is also focused on improving DHS call center wait times, which have steadily declined since March 2018, and supporting Open-Enrollment periods for Rhode Island's health exchange, HealthSourceRI (HSRI). In FFY18, the State completed an Open-Enrollment project, and subsequent change freeze, to fix defects and add vital functionality to support a smooth open-enrollment period. The result: HSRI experienced the most successful Open Enrollment period in its history, increasing paid memberships by five percent over the previous year, and leads the nation in year-over-year exchange enrollment.

Rhode Island has also improved MMIS reconciliation and transaction interface. While Bridges determines eligibility, MMIS ensures that providers can bill for services. Therefore, it is a critical component of access to benefits. Since April 2018, the discrepancies between RI Bridges and MMIS have decreased by 47 percent.

The State's MMIS transaction success rate stands at 99 percent, with all individual transaction types above 90 percent. The number of Category 2 errors (active in RI Bridges and not in MMIS) declined 92 percent between July 2017 and July 2018.

Achieving Substantial Compliance

For development on Phase II to be complete and for the State to accept the system from Deloitte, RI Bridges must be fully compliant with federal rules and regulations. In FFY18, the State made progress toward this end. Much of this work involves intricate coding of eligibility rules across programs, requiring a thoughtful approach to introducing fixes to ensure access to benefits is not compromised and compliance requirements are fully met.

In FFY 2018, two system upgrades were also completed that improved the accuracy of Medicaid terminations, automated eligibility determination, and enhanced data integrity in the master client index. The customer portal application was streamlined as well, reducing the number of questions asked of SNAP-only customers. This is in addition to the Worker Inbox upgrade that addressed 288 issues within RI Bridges.

Looking ahead, the 7.22 release will address FNS ABAWD functionality. The 7.23 release will introduce significant compliance functionality, such as:
- Corrections to the Bendex batch;
- Addressing household composition errors;
- Upgrading Fraud Archive Reporting Service;
- Implementing the Low-Income Subsidy interfaces;
- And improving verification checklists, auto-renewal batches, calculation of Sherlock program eligibility, and termination quality.

Additionally, the State worked to incorporate Medicaid Information Technology Architecture (MITA) and Medicaid Eligibility & Enrollment Toolkit/Lifecycle (MEET/LC) into its planning and decision-making. Through the MITA effort, the State's vendor, CSG, completed Rhode Island's portion of a three-state collaborative effort in April 2018. The MITA State Self-Assessment 3.0 is currently being finalized. A separate, related effort was completed by CSG, at the request of Rhode Island's Executive Office of Health & Human Services; it focused on the impact of RI Bridges on MITA maturity levels. This information will be considered as part of ongoing work with Deloitte – as well as in subsequent steps, such as the UHIP Maintenance & Operations (M&O) Request for Proposals (RFP). State and project leadership, in consultation with CSG, will continue to discuss MEET/LC, with an eye toward understanding the effort, timeline, and deliverables and incorporating, as appropriate, into RFP efforts.

Improving System Stability

The strides made to improve access to benefits are a direct result of the technological improvements made to RI Bridges in FFY17 and FFY18. Since RI Bridges went live, more than 66 releases have been introduced, stabilizing the system, enhancing its design, addressing defects, and improving the timeliness of benefits. Among the improvements are 1) reduced number of issues blocking benefits, 2) improved data integrity, and 3) a refined approach to fixing system and business-process issues – to ensure workers can focus on the primary objectives: benefit timeliness, eligibility accuracy, payment accuracy, client notifications, and compliance.

To support the reduction of backlogs and enhance access to benefits, the State and Deloitte launched Command Center 2.0. This effort has two primary goals: 1) ensure any cases blocked from receiving benefits due to a system issue, and other priority tickets affecting benefit accuracy or amounts, were being tracked; and 2) markedly reduce the number of cases being blocked as part of stabilization efforts.

To this end, Deloitte set up a physical "center" at its office, established new processes and metrics to track tickets, deployed new tools to identify priority tickets for triage more proactively, and codified procedures with DHS Tier 2 to ensure blocked cases were appropriately tagged and routed to the Command Center. While Command Center efforts continue, preliminary results are promising: At the beginning of February 2018, the State had 1,788 incidents blocking benefits due to a system defect. By the end of June, there were 250. The State and Deloitte continue to talk to staff, respond to client calls, perform reconciliation with MMIS and solicit feedback from providers to ensure all blocked cases are captured.

At the same time, the State continues to prioritize finding and resolving data integrity issues. In February 2018, 14 data integrity issues with case, individual and benefit data sets (with sources traced back to the initial data conversion) were identified. A conversion data cleanup was initiated to resolve data-related issues, alleviate the resulting business impacts, and reduce or eliminate the need for any workarounds. Any root causes that require a code fix, either already known or identified during the cleanup process, will be addressed in future maintenance releases.

The State continues to push Deloitte to focus on reducing the overall number of incidents as a measure of software release effectiveness, release quality, and system stability. The total number of incidents logged (i.e., when the system does not operate as expected for a State client, worker or provider) declined 74 percent since December 2017. Further, the number of untriaged incidents has been cut by more than half, from 1,007 in October of 2017 to 468 today – with no incident that affects benefits greater than 90 days. The ratio of problem tickets to incidents has also declined, indicating that existing problems are affecting fewer cases. While triaging incidents has contributed to an increase in overall problem tickets, the low number of untriaged incidents provides a solid basis on which to develop the FFY19 release plan.

Altogether, efforts to stabilize the system have provided a more stable software platform for workers to serve clients – and for clients to self-serve through the customer portal. Technical stability and improved familiarity with the system have led to improvements in SNAP productivity, with workers doubling the number of cases processed in a day. And eligibility runs in the system have tripled since go-

live, indicating increased activity, system functionality (e.g., Post Eligibility Verification batches), and greater ease of use.

Improving Project Governance and Accountability

The State remains focused on ensuring a strong governance model for UHIP, which has led to the gains detailed in this IAPD-U. As work progresses to stabilize RI Bridges and achieve compliance, the State will continue to improve the model, where needed, to ensure appropriate levels of oversight and in response to lessons learned.

Changes with the DDI Vendor

A summary of improvements to project management, quality management, and governance made with the DDI vendor follows:

- **Theme Teams**: As works shift to programmatic compliance and integrity, it is vital a clear mechanism is in place for involving and supporting program administrators to determine the fixes that need to be made in RI Bridges to bring the system into substantial compliance. Teams are now organized around themes and are working to deliver the critical business capabilities required to remove benefit blockers and achieve compliance. With representation from the State and Deloitte, the teams meet regularly to discuss the needs of the business including outstanding compliance functionality as well as problems or issues impacting the business. The teams maintain templates which provide a roadmap, depicting the business capabilities and the work required to deliver them (BRRs, Problem Tickets, Data Fixes and Service Requests). These roadmaps indicate the relative sequence of each capability based on the value to the business. As releases are planned and scheduled, capabilities are aligned to delivery dates. The theme templates and JIRA dashboards play a significant role in capturing the priorities and tracking the status of all the associated tickets.
  - In addition to developing the business roadmaps, the teams work on requirements for any new functionality and solution fixes for problem tickets. The Business Analysts – a role defined in Section 6 of this document - contribute significantly to theme teams as they work with their Agency counterparts and other subject matter experts to develop business cases and to help ensure the most important issues are being addressed. The teams also track any risks and issues and escalate as needed through the appropriate governance channels.
  - The model for how the theme meetings are managed and facilitated (i.e., agendas are sent out in advance, action items are logged, and notes are captured in JIRA or on the theme templates) continues to be improved. The teams also provide regular updates at the weekly EPR/IRC meetings to ensure the Leadership Team has visibility into overall priorities, theme progress and risks and issues.
- **Improved Prioritization Methodology:** Planning is being done at the business capability level and is inclusive of BRRs, problems and data fixes. The theme teams are sequencing the business capabilities based on alignment with pre-defined business outcomes and contract KPIs. Business cases are also being used to better define the value and criticality of each requested BRR in support of the sequencing activity. Prioritized capabilities are then reviewed as input to

release planning activities. The focus will be to continue addressing functionality which moves the system towards compliance. The joint IT teams put together options for scope based on a variety of factors including time-sensitive scope, high priority business needs and technical feasibility. Technical feasibility is determined based on the application of new release tenets and by assessing the joint capabilities of the IT teams throughout the SDLC process – including development, SIT, UAT, and readiness capacities. As a result, release size is dependent not only on the DDI vendor's ability to develop and test (SIT) the software but also on the State's ability to completely and accurately conduct user acceptance testing and conduct release readiness prior to deployment. Recommendations for major release scope are brought to the UHIP Executive Committee for review and decision. The scope is then reviewed at MPC and JIRA is updated accordingly. Any changes to the approved scope of a release is reviewed and approved at MPC. The proposed scope of Patch Releases and Service Requests is reviewed and approved at MPC. CRB continues to be used to approve hours.

- **Changes in Executive Project Review and Issue Resolution Committee:** To improve efficiency and better link risks and issues to critical theme topics, we have combined the EPR and IRC meetings and restructured the agenda to incorporate reviews of the critical business metrics and stabilization efforts. The agenda will continue to include a review of the critical risks and issues as well as updates from the theme teams.   It also includes a review of business and technical metrics, the release scorecard, and deep dives on theme progress as necessary. A revised meeting charter is included with this submission (Attachment A).

- **Changes in Release Readiness**: The Release Planning Committee (RPC) continues to remain focused on escalating issues in implementing the proposed scope and on assessing the readiness of the release(s) from both the systems and business point of view by utilizing detailed release checklists. The RPC meets weekly and provides a critical role in ensuring release activities are well-planned and coordinated to ensure success. The charter and agenda for this meeting have been revised to facilitate readiness discussions. Release scope is no longer approved at this meeting. All scope approvals are provided at MPC.

- **Clarifying and Codifying the Roles and Responsibilities of Business Analysts and Project Managers**: State BA(s) and PM(s) are being directed to engage more actively throughout the SDLC including more proactive planning, escalation of risks / issues and more involvement in the SIT, UAT and business readiness activities. They are assigned to the top priority themes and are expected to help define the business roadmaps that deliver measurable business outcomes. As we focus on compliance, analyst help translating program requirements into functional documentation, and the testing scripts required to ensure compliance upon release, will be of significant value to State program officials moving forward.

- **SIT Testing Exit Approval**: Approval of the SIT Exit has been more formally introduced into the process. Criteria is reviewed and approved by the State and communicated to Deloitte prior to exiting SIT and beginning UAT.

- **Regression Testing and Automation**: To increase overall quality of application releases, we have significantly improved the coverage of both SIT and UAT regression suites and have added automation to SIT regression. To improve SIT regression coverage, Deloitte leveraged a regression suite from their work in the State of Georgia and modified it for the specific Rhode Island requirements. This suite of test cases validates the most frequently processed programs by volume and the type of action taken, across data collection, eligibility determination, benefit calculation, notice accuracy and interfaces. While Deloitte began with a core suite based off an

analysis of our caseload, additional areas of coverage were added based on input from our IT leads and business analysts. The current regression suite that is run for a major release consists of a total of 280 scripts. The regression suite that can be run for smaller, weekly releases including 24. As we learn more, we have added scripts, with release 7.21 (worker inbox) recently adding 28 additional scripts. These scripts cover both front end and back end operations, systematically mimicking both the user interactions and system processing. Further, the State also performed a comprehensive review of the UAT regression suite to confirm alignment with business priorities, critical areas of the application, and highest volume programs/use cases. Lastly, after completing the improvements to the SIT regression suite, Deloitte began automation of the "front-end" portion of these test cases. The automated suite includes 122 test cases and can be executed in approximately 2 days and validated in approximately 3 days. The test cases are outcome-driven, end-to-end assessments in that the tool automatically validates eligibility results and produces a report indicating which have passed and which have failed to meet business expected results. In addition, the testing tool (Selenium) will also flag cases which fail to execute entirely (crash the application). The primary benefit that the State receives from this automation is that decreased execution time will result in additional test coverage across releases. In the past, targeted regression was often all that was possible for minor and patch releases but increased and/or full regression is now possible more often.

- Deloitte writes new SIT regression scenarios with all quarterly/major releases where new functionality (BRRs) are developed and with some patch releases. These scenarios are referred to as "targeted regression" scenarios because they are release-specific. After each release, the testing team evaluates whether any targeted regression scenarios should be added to the "core regression suite" which is executed with each major release. As a result, the core regression suite has expanded significantly over the past year: there were 94 core regression scenarios in November 2017, 188 as of February 2018, 254 as of April 2018, and 322 test scenarios in the suite as of September 2018. Lastly, with each release, the State reviews the test coverage package, which includes traditional SIT scenarios, targeted regression scenarios, and core regression scenarios.

- We rigorously track SIT and regression results and have used our SDLC process to drive decision making, rather than any other external factor. When necessary, we will push back planned upgrades if there is the potential for them to compromise system performance, break existing, compliant functionality or impact beneficiaries. This informed our decision to postpone the worker inbox release initially planned for May.

Internal State Governance Improvements

Rhode Island has made improvements in its overall IT structure, both as it relates to UHIP and across State IT. The IT organizational construct that is in place today is laying the foundation for the future. It has been designed to provide a structure that will support the full lifecycle of activity required. The present construct is one that can be tailored as needed to support the ongoing business needs that is focused on completing the end to end technology enabled solution and the continued stabilization of the application and infrastructural components. DoIT is a multi-level organization with both Enterprise State leadership that supports the UHIP Program and specific IT program leadership. It has also

integrated the IV&V vendor. Key IT players include members of both the State Office of the CIO, and the UHIP Leadership Contractor Team.

Rhode Island Division of Information Technology (DoIT)
- Bijay Kumar, Chief Information Officer/Chief Digital Officer: Overall leadership for the IT related activities for the State
- Chirag Patel, Chief of Enterprise Application Management: Application portfolio management with oversight for RI Bridges, and its integration with the State portfolio
- Tony Lupinacci, Chief Architect: Enterprise and solution architecture for UHIP, including the continuous evolution of the UHIP Solution, Data, Technical and Interface Architecture and advisor on technical upgrades.
- Ramesh Madhaven: Contract and bid management, including for RFP for M&O services; lead of new DoIT Vendor Management Office (VMO)
- Phil Silva, Director of Operations: State leader in charge of UHIP infrastructure operations, security management, configuration management and coordination of technical issues and system restoration.

UHIP IT Leadership Team
- Chris Colen, IT Program Executive: Project leadership, deliverable management, IV&V and system integrator management.
- Lori Rota, Enterprise PMO: Release planning, project tracking and reporting, issue and risk management, SDLC coordination.
- Jim Ritter, Development, Testing and Release Management: Solutioning and deployment of releases, quality management and testing, solution readiness and release management.

Finally, in addition to IT changes, the State worked to improve its program governance and previously contracted with KPMG to review its internal governance processes. A set of recommendations resulted, on which the State has acted:

- The creation of an Executive Governance Board for UHIP, which the State has had in operation for all of FFY18. UHIP Executive Committee governs the project for both IT and program changes, and consists of all agency directors, IT leadership and EOHHS shared services leads.
- A Finance and Resource oversight board. UHIP Finance Committee fills the role of overseeing financial management for UHIP. The UHIP Finance Committee charter is to advise the UHIP Executive and UHIP Steering Committees on the direction and control of UHIP budget, finance, contracts and procurement, and to ensure management of these four areas is aligned with strategic direction. UHIP Finance meets weekly and is chaired by the UHIP CFO with membership including HSRI, Medicaid, DHS and DoIT. UHIP Finance coordinates with the emerging Vendor Management Office within DoIT, the Office of Management and Budget, Accounts and Control and other key administrative groups to ensure oversight of budget and financial management across UHIP agencies. UHIP Finance has adopted the EOHHS model of Government Performance Improvement, which includes 4 levels of engagement as a shared service provider to UHIP agencies: direct service, consultation, oversight, and on demand support. Critical responsibilities of UHIP Finance include the following:
  - To manage the of UHIP budget, forecasting and reporting processes

- o To develop and manage UHIP cost-allocations
- o To oversee UHIP budgets and financial aspects of operational and technology plans to provide direction to agencies and UHIP Executive Committee on financial resource allocation
- o To oversee and manage financial due diligence of project budget, proposed expenditures and expected value
- o To establish and monitor interagency financial processes, roles and policies and adopt relevant external standards as they emerge
- o To oversee the procurement and contract management processes
- o To advise on maximizing value of contracts and expenditures
- o To manage contracts of select vendors
- o To manage UHIP federal partner relationship in the area of finance, budget, procurement and contract management
- o To plan and develop of documentation required to secure federal review and approval of UHIP procurement, contracts and federal funding
- A program change management review and operational coordination committee. The State convenes an Interagency Operation Committee bi-monthly. This committee reviews interagency processes and data to improve coordination. IT also works to identify common needs and pain points and develop solutions, either operational, programmatic or technical. It also launches special operations projects as necessary, including but not limited to the streamlining of appeals, case merges and process mapping for Medicaid renewals. It also reviews business cases for new UHIP contracts and renewals. Moving forward, all contracts must be approved by Interagency Operations before being approved by UHIP Finance.

Changes with Other Vendors

With an eye toward continuous improvement, the State closely tracks oversight and governance – as well as spending and resource allocation – to ensure project priorities are resourced appropriately and reductions are made where appropriate. These efforts include, but are not limited to:
- Increasing State staff support with DoIT, and the establishment of DoIT Vendor Management Office in April 2018 to improve alignment between DoIT, Purchasing, Legal, agencies and third-parties for IT contracts state-wide, including UHIP. DoIT's VMO is focused on strategic sourcing, vendor governance, sourcing process and competency, vendor management and contract management for IT vendors. Given this new competency, the VMO has led the UHIP M&O RFP efforts and brought in an advisory partner, ISG, to assess and mitigate risks with current UHIP M&O Vendor and overall establish more favorable long-term contract. Please see Attachment F for an overview of the VMO.
- Reassessing contracts resulting in reduced costs, resource changes and realignment of management roles and processes.
- Maintaining a UHIP M&O RFP Risk Register to identify risks with current project and incumbent vendor with mitigation plans.
- Establishing monthly active contract management meetings with all major UHIP vendors, including NG, KPMG, IBM and CSG.
  - o Active Contract Management (ACM) is a set of strategies that prioritize the use of data and purposeful interactions between agency and service providers to improve outcomes

from contracted services. ACM was developed by the Harvard Kennedy School's Government Performance Lab (HKS GPL), and EOHHS has partnered with HKS GPL to implement across EOHHS agencies. The key elements of ACM are as follows: aligned expectations on the overall vision for UHIP and its key priorities; clear and consistent roles and processes; clear performance metrics; open lines of communication across program, information technology and finance; and the use of data to evaluate and adjust effort.

3-Statement of Needs and Objectives of the IAPD

The goal of the UHIP project in Rhode Island is an integrated eligibility system supporting health and human service programs that will service both ACA health coverage expansion (MAGI Medicaid and HSRI programs) as well as replace the State's legacy health and human service system.
The activities, plans and resources contained in this IAPD-U are intended to advance the following objectives:

1) Scope, design, development, test and fix most of critical Federal compliance related functionality and deficiencies existing currently in RI Bridges across all program types. Throughout the implementation of compliance-related functionality, the State will make every effort, contractual and otherwise, to ensure that the DDI vendor completes work holistically and timely.
2) Make material progress toward the elimination of remaining workarounds and interim business processes, focusing particularly on Medicaid termination functionality, renewals, notices, RIteShare, and the Medicare Premium Program.
3) Continue reducing the number of defects blocking access to benefits, as well as items related to data integrity and data sync impacting benefit accuracy and eligibility, with the goal of bringing agency operations to a steady state.
4) Support the RFP related to M&O services for RI Bridges and plan for a smooth transition of M&O vendors.

4- Requirements Analysis, Feasibility Study, and Alternative Considerations

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

5-Cost Benefit Analysis

The State of Rhode Island is committed to implementing this project in order to comply with federal and state law and regulation for UHIP programs served by RI Bridges system. The State is maintaining and managing to a release plan through December 2019 that is focused on the design, development and implementation of functionality that is required for compliance. Programs served include health

coverage programs administered by Medicaid and HealthSource RI, including income-based Medicaid, waiver programs and commercial subsidized and unsubsidized health insurance, and human service programs including SNAP, TANF, GPA, SSP and CCAP.

6-Nature and Scope of Activities

RI Bridges is a complex integrated eligibility system, combining more than 15 programs into one global system. As a result, contracted resources are necessary to support operations, as DDI and stabilization efforts continue. As work progresses to address remaining operational issues and to bring the system into compliance, reliance on these resources may no longer be required.

All contract resources are aligned against either the SDLC process to support DDI and M&O or operational support. Contractor support is necessary to ensure a quality product from the DDI vendor, mitigate system issues until they can be fully addressed, and support State staff whose primary jobs are not technological but rather business/program focused. It is critical that the State have appropriate levels of oversight of Deloitte's work to ensure quality.

Described below is how contractors are aligned against components of DDI and M&O services:

DDI – Executive Management, Project Management and Enterprise PMO

The State PMO provides Project Management support to the theme teams as well as to general PMO governance activities. The primary responsibilities of the PMs include the following:

- Tracks and communicates the status of all deliverables related to their assigned themes / programs
- Assists the Business Analysts in developing business cases and impact statements to inform prioritization discussions
- Creates action plans to ensure deliverables are completed on time
- Tracks, manages and escalates issues / risks
- Works with Agency Leads to review any proposed scope changes for business impact
- Reviews and gains agreement on proposed issue closures
- Coordinates and shares information with IT Agency Leads and Deloitte Track Leads
- Supports PMO related activities including tracking document approvals, managing the overall risk register and coordinating meeting agendas

Project Managers are primarily sourced from Northrup Grumman (NG) and are aligned to the most critical themes / programs. They partner closely with the business analysts, the IT Agency Leads and the Deloitte Track Leads. Our Enterprise PMO Lead, Lori Rota, is contracted through the NG. Our IT DDI Implementation Lead, Jim Ritter, is also contracted through NG. The State will engage in regular reviews of contract resourcing levels and make reductions to align capacity with demand. As the system approaches further stabilization and compliance, we will evaluate existing project management resources.

MWC (Chris Colen) provides leadership for all IT activities, as covered in Section 2.

DDI – Prioritization, Requirements, and Design

To better support agencies and program administrators throughout the SDLC process, we have assigned Business Analysts to each of the major Programs and the release themes contained therein. The BAs work in close partnership with their State and Deloitte Track Leads to ensure the priorities of the business continue to drive all activity within the UHIP Program. The primary responsibilities of the BAs include the following activities:

- Assists Agency and Program Leads with defining business outcomes and KPIs
- Partners with the business to develop business cases as input to prioritization discussions
- Ensures business capabilities required to attain the business outcomes are well-defined and the corresponding BRRs and Problem Tickets are appropriately scoped
- Assesses the business impact of new incidents and escalates as appropriate
- Participates in reviews of FDDs to ensure business requirements are clear and aligned to the business needs of their programs
- Defines criteria for the business to accept any required system changes
- Helps coordinate business readiness activities as part of release management
- Supports post-release KPI measurement and tracking

Business Analysts are primarily sourced from IBM and NG. Most have prior experience working for the State of Rhode Island or for other State or Federal partners in other related roles.

DDI – Delivery, Testing and Release Management

While the State relies on the DDI system integrator for Development, we ensure a rigorous overall testing and UAT process to ensure that production-ready code is deployed into RI Bridges, one that holds Deloitte accountable for the quality of their code and therefore, their releases. Testing oversight and execution activities include oversight of systems integrator testing activities (unit testing and SIT and management and execution of user acceptance testing. Executive oversight for testing is the responsibility of Jim Ritter, as described in Section 2. Additional contractors and their roles are summarized in the table below.

Functional Area	Test Plan, Scenarios, Cases, Data, and Logistics	Test script execution	Tester support and Defect Triage	Weekly, Daily and Executive Reporting
Application	KPMG	NG, AHS	KPMG	KPMG
Interfaces	NG	NG, AHS	NG	NG, KPMG
Batches	KPMG	AHS	KPMG	KPMG
Notices	KPMG	NG, AHS	KPMG	KPMG
Reports/KPIs	State, Freedman	State, Freedman	State, Freedman	KPMG

In addition to code fix and BRR testing, contractors also support the testing of data scripts and fixes required for system stability. Activities in this data support group include management and support for

the data review board (DRB), which has oversight and approval authority across data scripts in the system, as well as script review and testing. Management of the DRB is provided by IBM and test and script review is provided by NG and Freedman Healthcare contractors.

Release management consists of release readiness preparation and execution, including release checklists, deployment playbooks, and oversight of deployments and validations. We also emphasize business readiness for release deployment through existing governance committees like the Release Planning Committee (RPC). Management of the RPC and release planning overall is provided by IBM and validation execution is supported by KPMG and NG.

IT M&O

IT Maintenance and Operations (M&O) includes general application technical, security, and architecture maintenance. These activities are performed on a periodic basis and their planning, testing, and execution are supported in part by contract staff. NG staff support these activities as a part of the enterprise architecture group. Details of future plans for these items can be found in both Section 7 and Section 9 of this submission.

System Implementation Support in the Field

Contract staff must also remain in place to provide program support for a few critical areas. This is work that is a result of system issues and will not be necessary once the system is compliant and meeting KPIs. KPMG supports notice Quality Control (QC), the Tier 2 Escalation project, and escalation support at the Contact Center, including data fix validation, conversion testing and JIRA ticket fix validations. NG provides support with reconciliation and interim business processes for interface transactions. Conduent provide staff support for enrollment transaction interim processes. If the State negotiates additional credits from Deloitte for unanticipated expenses, the State will provide reconciliation of these additional credits with Deloitte invoices.

UHIP M&O RFP Vendor Support

The current UHIP IT leadership team will have to dedicate a portion of their time to support the ongoing procurement process for the M&O vendor. The team will also be critical during any transition period that may result. DoIT, agency, and EOHHS staff are working at capacity. The State has identified additional resources that will be needed in the following areas: IT management staffing, agency analyst and project management. The State is developing a gap assessment and resourcing strategy. Any personnel or contract support in excess of the approved IAPD budget, and contracts as part of the resourcing strategy, will be provided for review and approval by CMS and FNS. It is expected that this team of 14.5 FTEs would be needed through September 30, 2019.

Continued Vendor Management: EOHHS and DoIT

EOHHS provides staffing for UHIP Finance that is accountable for contract oversight, procurement, budget and finance for UHIP. DoIT has made several hires who provide expertise in IT vendor procurement, contracting, and oversight. Under the leadership of the State's Chief Information Officer, the Department was reorganized and a Vendor Management Office (VMO) developed. The VMO has a

statewide IT scope, serving all departments in State government. The VMO is focused broadly on strategic sourcing, contract management, vendor management and vendor governance across all IT projects in the state. This Office will coordinate between legal, purchasing, agencies and vendors and is currently developing a three-tiered governance model for executive, operational, and project-level oversight.

With respect to UHIP, the VMO team is working closely with UHIP Finance to coordinate the development of VMO governance in the context of UHIP governance. the VMO is taking an incremental approach as it develops its model and as capacity allows. Examples of VMO and UHIP Finance coordination include: reassignment of contract manager roles for CSG and IBM to VMO staff; agreement on roles, responsibilities, and process related to procurement and contract management; collaboration on contract review and re-negotiation; and VMO-led M&O vendor re-procurement process.

Planning for Long-Term Support Levels

Since the launch of Phase II, significant progress has been made to stabilize RI Bridges and ensure Rhode Islanders have timely access to benefits. Further stabilization continues to be a focus, along with achieving compliance with federal and state requirements. The State developed an overall framework for resource planning that is based on system development estimates. According to current forecasts, existing personnel and contracting levels will continue in FFY19, with the potential for changes as part of the M&O vendor re-procurement and UAT automation. The State will continue to explore opportunities to pare down contracts and shift to State resources whenever possible.

Contract Summaries

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

Automated Health Systems (AHS)

AHS provides call and walk-in center services, providing telecom and Customer Relationship Management (CRM) technology to fully support the contact center work at HSRI. This includes logging escalations for system related issues and supporting issue resolution efforts, including higher volumes and longer call times related to issues with RI Bridges and UAT. AHS will continue to provide 4-8 testers.

Conduent

The State had two contracts with Conduent that included scopes of work for UHIP. One contract serves Medicaid broadly, with a portion of the scope for UHIP. For UHIP, this scope will end December 31, 2018. The other contract was with DHS, was 100% UHIP and ended November 21, 2018. For Medicaid, Conduent supports the following:
- Reconciling program eligibility and enrollment decisions
- Reviewing data for federal claiming
- Reviewing RI Bridges transactions to assess correct eligibility determinations

- DHS Support Contract: Client change request processing
- Provide call center support for SNAP customers

For DHS, Conduent supported client change request processing (which impacts all programs) and provided call center support for SNAP customers in compliance with FNS guidelines.

Conduent was under contract to support DHS operations from July 2, 2018 through November 21, 2019. Conduent's contract with Medicaid expires at the end of calendar year 2018. A portion of Conduent's current scope with Medicaid will be included in the Healthcare and Health System Transformation Technical Services and Support RFP.

CSG Government Solutions (CSG)

CSG serves UHIP as the Independent Verification & Validation (IV&V) vendor and provides monthly and quarterly application, database and network security assessments; security source code scan and analysis and Minimum Acceptable Risk Standards for Exchange (MARS-E) 2.0 attestations.

Deloitte

Deloitte is the eligibility system integrator for ACA health coverage, Medicaid and human service programs in Rhode Island. In this role, Deloitte is responsible for DDI and M&O, including the following:
- Architecture and infrastructure
- Hardware and software
- Production hosting
- Electronic data collection and rules engine
- Plan management
- Financial management
- Implementation support
- Training

The State is engaged in an open procurement for M&O vendor services.

DXC Technology (DXC)

DXC is the EOHHS Medicaid fiscal agent, managing the core MMIS and ancillary systems. As such, a portion of the DXC contract allows for support for transactions between RI Bridges and the MMIS system, including issue identification, analysis and tracking to resolution.

Faulkner Consulting Group (FCG)

FCG provides support for ongoing system delivery and stabilization for MAGI Medicaid and commercial insurance programs, including:
- Establishing workarounds for functionality that is not yet implemented
- Supporting the Software Development Life Cycle (SDLC) process from start to finish ensuring quality through DDI cycle

- Validating releases to ensure successful code merges
- Identifying gaps as reported through customer facing channels and determining solutions

The State is seeking to extend FCG through FFY19, though a portion of the scope will be taken up in the upcoming Healthcare and Health System Transformation Technical Services and Support RFP.

Freedman HealthCare (Freedman)

Freedman provides data management services including for Medicaid and HSRI including the following areas:
- Building CMS and other compliance reports
- Assisting operations team with validation of system enhancements and fixes
- Report development across multiple systems
- Data quality and enhancement recommendations
- Support for data conversion from UHIP to RI Bridges
- Identify and manage correction of data as it enters the data mart
- Release management script validation

The State is seeking to extend a portion of the Freedman contract through June 30, 2019 and is planning to roll the rest of the scope of work into the upcoming Healthcare and Health System Transformation Technical Services and Supports RFP starting February 2019. The State will not seek funding from FNS starting October 1, 2018.

Healthcare and Health System Transformation Technical Services and Support RFP

This procurement will serve both HSRI and Medicaid, UHIP and non-UHIP. Support will take up parts of current scopes of work by FCG, Freedman and Conduent. This is covered in Task 2 of the RFP for data and analytics, which is the only task within the UHIP scope. The UHIP budget for this RFP has been reduced and is reflected in the budget tables that follow in Section 10.

International Business Machines (IBM)

IBM provides IT staff augmentation support to assist the State's stabilization efforts, including project management, business analyst support, and system architecture support.

ISG

The State selected ISG for sourcing advisory services. The purpose of this engagement is to assist the State in procuring M&O services for RI Bridges. This work includes:
- Reviewing of the request for proposals
- Preparing the request for information
- Identifying the scope of services and requisite vendor qualification
- Advising on the evaluation and selection of the successful vendor
- Supporting the creation of contract performance criteria, deliverables, contract structure, and signature ready agreement

KB Makers, Inc. (KB Makers)

KB Makers provides strategic, executive consultation on IT vendor re-procurement and IT contract oversight. KB Makers will advise State executives and project leaders regarding ongoing operations, stabilization, and improvement of the UHIP system. KB Makers provides consulting and negotiation services related to vendor contracts and services.

Klynveld Peat Marwick Goerdeler (KPMG)

KPMG supports the State through technical assistance in the following areas: UAT, implementation support and operating model and governance implementation. UAT services are inclusive of test planning, test case and data provision, testing oversight and management and reporting.

Implementation support services provide assistance to agencies managing ongoing RI Bridges system issues, including verification and escalation support, development and implementation of an issue escalation process and quality assurance. KPMG is supporting implementation of the target operating model with a focus on the scope of UHIP Finance. The State is reviewing automation of UAT with KPMG and will engage in review and approval by CMS and FNS of a contract amendment if the State decides to proceed.

MWC Consulting LLC (MWC)

MWC provides central leadership for IT activities related to the stabilization of the RI Bridges system. The State is extending MWC through January 2, 2019 and is submitting a contract amendment for review and approval by CMS and FNS.

Northrop Grumman Information Systems (NGIS)

NGIS provides support stabilization efforts of the RI Bridges system through IT staff augmentation, interface UAT, provision of testers and enhanced maintenance of the legacy system. For staff augmentation, NGIS provides validation of RI Bridges deliverables, escalation and prioritization support, and subject matter expertise (business and technical analysts and project managers). For UAT, NGIS provides quality assurance for the interface code being deployed and executes validations of dry runs of various interim business processes. Multiple InRhodes environments are maintained in support of stabilization efforts for RI Bridges, including issue identification for converted data and for issue triage and root cause analysis.

The State is preparing a decommissioning plan for InRhodes and expects to have it in the next 12-14 weeks to share with CMS and FNS. There are two InRhodes environments being maintained for interim business processes. One is a historical copy of InRhodes that is used for activities including: validation of data conversions; triage of LTSS cases; determination of identity for individuals whose information was "overlaid" with another person's identity; and assisting in finding MCI IDs assigned to individuals pre-Go-live. These are all activities that will cease as RI Bridges is further stabilized and compliant.

The other environment is used for such activities as determining a correct data fix and working backlogs in which eligibility is validated and calculations are determined in InRhodes for implementation in RIBridges. This environment will no longer be needed once we have transitioned from these interim business processes and RI Bridges is further stabilized and in compliance.

Maintenance activities for the two environments is minimal. There is no regular maintenance apart from a quick check to make sure everything is up and running as part of daily recurring staging tasks. This takes about 5 minutes per day. This is billed to Task 04, which is a non-UHIP task. There is a weekly, automated restore of one of the databases each week, but no hours are billed for that. There have been occasional requests to run batch jobs in the environments to support the UAT team, and when that has happened UHIP was billed.

7-Project Management, Planning, and Procurement

This section outlines our plans to continue DDI and M&O for RI Bridges in FFY 19, as well as describing how we will monitor progress, hold vendors accountable and ensure quality. It is divided into four sections: 1) Release, project and quality management processes; 2) Current plans for RI Bridges software improvements; 2) Current plans for technical and security changes; 4) Accountability and procurement processes.

Release Planning, Project, and Quality Management Processes

Through FFY 2018, the State has developed a strong and comprehensive release planning process that will feed our FFY 2019 release plan. In FFY 2019, priority will be given to those items deemed most critical to achieving the objectives set out in Section 3 of this submission. Practically, this means the following:

1) Theme team prioritization is expected to adhere to clear business outcomes and contract KPIs that can be measured and defined in terms of business outcomes.
2) Except for items tracked on the Command Center wall that the system integrator has identified, priorities and items for both patch and major releases will arise from theme teams.
3) BRRs currently identified as needed for compliance will form the basis for FFY 2019 release prioritization. Additional BRRs that may be proposed by the program will require a full business case that must be reviewed and approved by both MPC and the UHIP Executive Committee for inclusion in a release plan.
4) Whenever possible, we will aim to achieve full compliance or completion with a business outcome in one release (e.g., we will attempt to fix all of one type of notice issue in one release), to clearly monitor for compliance and effectiveness of the release.
5) Adherence to contract KPIs of benefit accuracy, as well as reaching and maintaining compliance, will be paramount for prioritization.

The State and the DDI vendor will follow two avenues to introduce fixes and change in the system: patch releases and major releases. Patch releases are significantly smaller releases of 5-15 problem tickets and small BRRs that can be released weekly if necessary. Candidates for patch releases must relate to access to benefits (blocking cases or eligibility), relate to contract KPIs or other agreed upon business

outcomes (e.g., MMIS stabilization), or be necessary to fix an item that was previously broken (e.g., a severity 3 incident recently introduced). Tickets for patch releases are sourced from either the Command Center or from theme team meetings. The Maintenance Prioritization Committee remains the governing body to finalize scope for each patch release.

Major releases of 15-20 BRRs and 100-140 problem tickets will be prioritized through theme teams and MPC. Theme teams meet regularly to identify new problems and business capabilities, provide a forum to prioritize business capabilities for inclusion in a major release, solution BRRs and problem tickets following prioritization in a major release, and suggest potential items for patch fixes if not tracked on the command center wall. In this way, theme teams become the focal point of traditional ITIL-based problem management. Through the theme team construct and with the support of business analysts and project managers, we believe that theme-based prioritization and solutions will better enable the State to ensure that business outcomes and contract KPIs are met. A full map of the release planning process is included in Attachment A:

Deloitte and State IT leadership developed and implemented the following tenets in FFY18 for release planning to ensure our execution strategies were optimal:

1) BRR and M&O releases are separated. Major BRR functionality will be put into production only with problem tickets required to achieve the business outcome. Separate problem ticket releases and patches will be scoped for one-off items.
2) We will reduce the number of themes being worked in parallel to allow more focused SME and leadership time, increasing volume within fewer themes. In depth capacity reviews will be utilized across the development and testing team on specific business capabilities.
3) We will have a more focused approach towards design and solutioning, reducing overlap between M&O solutioning and the SIT phase.
4) Regression testing will complete on production ready codebase prior to UAT handoffs.
5) The State will review SIT coverage prior to the SIT start.
6) During the final days of UAT (1 week for major release and 2 days for minor), any fixes require leadership approval and a joint SWAT team to perform regression testing.
7) The State will perform UAT on one release at any point in time (no UAT overlap across releases), except for patches and hotfixes.
8) Deloitte will limit the number of BRRs (15-20) and problem tickets (100-140) per major release, and problem tickets per patch release, to ensure quality solutioning and focused testing.

Once items are approved for release, the State and Deloitte have committed to a set of clear processes and gates to ensure quality and fidelity to proper SDLC. These processes and gates are summarized in the graphic below:

Major Release SDLC Process

Below is the SDLC workflow for executing major releases with key review gates
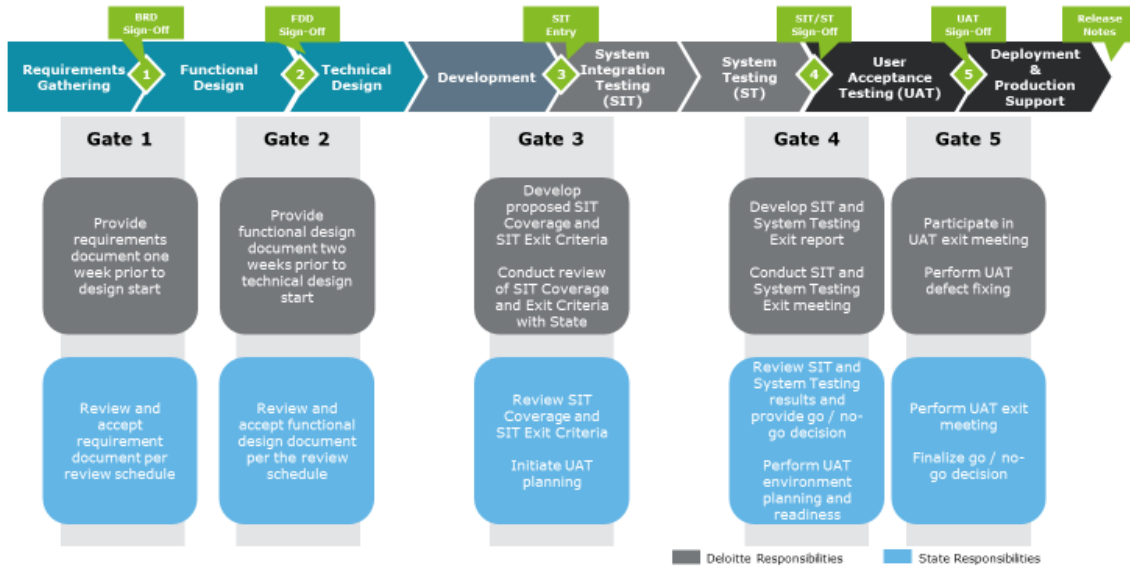
In addition to those processes and gates, we have committed to additional changes in the SDLC process for FFY 2019. These are summarized in the graphic below:

Key Changes to the SDLC Process
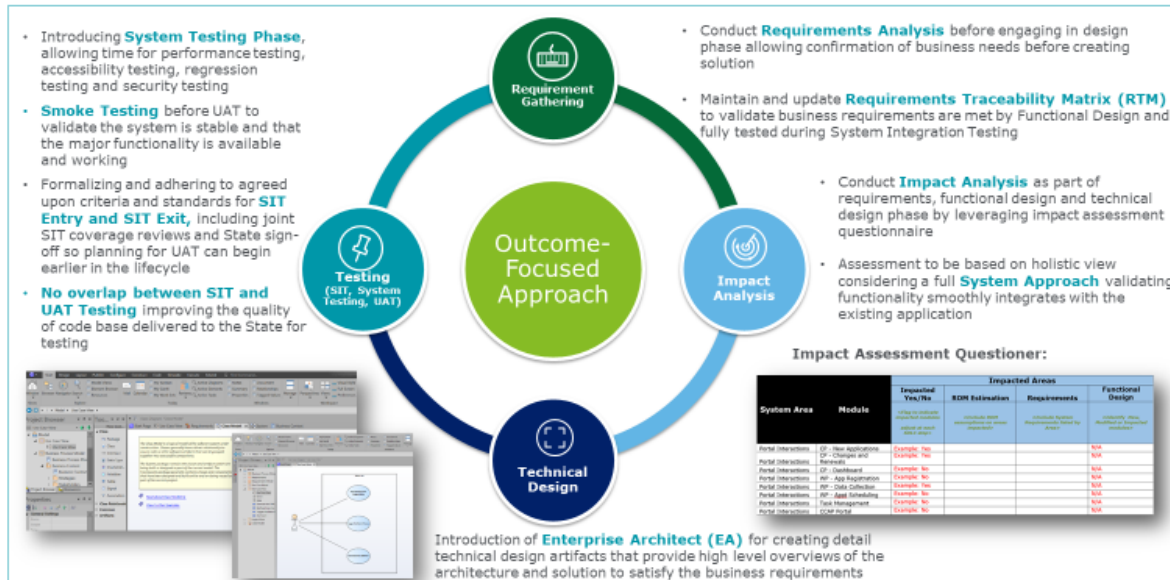
Lastly, following delays in Release 7.21, the State and Deloitte noted several lessons from the release. In many ways, Release 7.21 was atypical in that it affected so much of the system and will fundamentally change the way workers will do their work in the system that the lessons cannot be broadly applied to

every release. That said, we have considered these lessons and will continue incorporating them into release planning and the SDLC items above. Key findings and reflection from Release 7.21 are:

- **SDLC methodology:** A traditional waterfall approach, versus the iterative SDLC approach taken with the worker inbox, should be applied to all future releases.
- **Early reviews during design:** With complex designs, early reviews and checkpoints are critical – to ensure the schedule is realistic and to avoid downstream impacts, such as design changes during the UAT phase of a release.
- **Conversion planning and impacts on reporting/operations:** Conversion planning and activity must be initiated early. Proof of concepts should be developed to guide the design, and the complexity of the conversion should be well understood.
- **System Integration Testing:** System integration testing should be robust and focused on how new functionality impacts and integrates into the broader system.
- **User Readiness planning.** With a release that aims to fundamentally transform business operations, significant effort and planning must go into an organization's readiness to adapt to the new technology.

Current Plans for RI Bridges Software Improvements

The State and Deloitte have reviewed the outstanding BRRs to develop a list of remaining business capabilities that are required to achieve a fully compliant system. These compliance BRRs have been flagged in JIRA so they can easily be tracked. Currently, there are 124 such BRRs in JIRA. New BRRs may be flagged as compliance items if the business case is reviewed and approved by the UHIP Executive Committee.

Through detailed working sessions, the theme teams have aligned on the initial high-level sequencing of these BRRs based on the business capabilities they deliver. Specific time-sensitive BRRs have also been identified. Initial business cases have been developed for the BRRs targeted for the first phase of delivery as input to the revised prioritization process. A new business case template was developed to capture additional information pertaining to the business value to better inform the prioritization process. Going forward, business cases will continue to be developed for all remaining BRRs as well as be expected of any new BRRs that are filed. As we transition from compliance requirements to system enhancements, we anticipate adding detail to business cases to determine the highest impact enhancements that should be made or looking for smaller "quick win" enhancements.

The teams continue to maintain theme templates which depict the business outcomes / goals for the theme, the sequenced business capabilities and the associated tickets (BRRs, Problem, Service Requests and Data Fixes). Business operational milestones are also captured on the templates.

Problem tickets associated with prioritized compliance BRRs will be delivered as part of the major releases to ensure business capabilities are fully realized. The Patch Release Process will continue to be leveraged to fix critical defects to reduce the impact on the business as soon as possible. Other defects aligned to the delivery of key business capabilities but unrelated to compliance BRRs will be brought forward by the theme teams for review and prioritization by MPC and the UHIP Executive Committee.

Problem tickets continue to be associated to themes and business capabilities in JIRA. The Business Analysts and Deloitte Track Leads meet frequently to review JIRA dashboards to monitor the status of all open problem tickets and to discuss any newly identified issues. The teams look for opportunities to provide interim data fixes or operational workarounds to address immediate blocking defects prior to implementing code fixes to minimize any immediate customer impacts.

The schedule for patch releases will be developed after the major release dates and the technical release windows are confirmed. In order to ensure quality releases, limits will be set on the number of BRRs and problem tickets to include in each release.

Current Plans for Technical and Security Changes

The State of Rhode Island and our partner Deloitte continue to utilize a Technical and Security Change management process with mature governance that includes; technical review, pre-deployment testing, approval, execution and validation by the State. This process is an important part of ensuring the ongoing quality of the work to keep up with our technical and operational maintenance of the UHIP system. In general, we follow a monthly patching process for Windows Servers, and quarterly patching process for LINUX servers, a quarterly patching process for Oracle that does not coincide with the LINUX patching. We also have a 3rd party patching calendar that provides 3 to 4 opportunities to patch our 3rd party components annually. We are working on our Wave 3 and Wave 4 plans to continue our major revision upgrade to our LINUX servers. Wave 3 is being worked from July of 2018 to be implemented in September of 2018. Wave 4 will be worked from October of 2018 to February of 2019.

The State focused initially on documents that were most critical to operating the system – notable, the data dictionary has been refreshed and approved. Since then, the Deloitte team has made significant progress on the functional and technical design documents (FDD/TDDs). Also, the State and Deloitte have agreed to a plan to shift design activities/documentation into the new "baseline" TDD/FDDs from this doc refresh effort beginning with the December release. This will benefit the State in that design documentation will now be reviewed/approved within the broader context of the relevant TDD/FDD which had previously not been possible due to the lack of comprehensive system documentation. The remaining set of "other documents" are under review by the State. Additional details can be found in the table below, and in Attachment A:

Doc Refresh Overview

	Phase 1 – Data Dictionary (Completed)	Phase 2 – Functional, Technical and Other System Documentation (Ongoing)

Doc Refresh Project	**Completed Work:**
	• The Deloitte and State team collaborated on the creation of the data dictionary template to better adhere to industry standards
	• The Deloitte team completed the data dictionary for the RIBridges which includes:
	    • The database used by the Integrated Eligibility System ("IES")
	    • The database used by the Health Insurance Exchange ("HIX")
	    • A portion of the data model which stores encrypted Federal Tax Information ("FTI")
	    • The database used by the Master Client Index ("MCI")
	    • The database used to store information from External Data Sources ("EDS")
	
	State Action:
	• The State approved the delivered documentation and the project was officially closed on Friday, March 2nd.
		The second phase of the Documentation Refresh effort focuses on the enhancement of system documentation for RIBridges which includes:
		• Functional and technical design documents for Application User Interface (App-UI), Batches, Interface, Notices, and Reports
		• Other documentation such as Data Model, Requirements Traceability Matrix (RTM), and Business Rule (OPA rules), Release Notes, EDI Companion Guide, etc.
		
		Progress to Date:
		• The Deloitte team coordinated with subject matter experts to formulate a detailed inventory list for all modules and sub-modules of the design components
		• The State approved the gold standard Functional Design Document (FDD) and Technical Design Document (TDD) templates and sample documents created in these templates for all modules
		• The Deloitte team submitted FDD and TDD showcase documents for App-UI, Batches, Interfaces, Notices and Reports for State review and approval
		• The Deloitte team submitted the templates and samples for other documentation (e.g., RTM, Release Notes, etc.) to the State for feedback and approval
		• The Deloitte team completed 804 design documents out of 877 from the inventory list (92%) as of July 13th, 2018
		
		Next Steps:
		• Finalize and submit Doc Refresh Phase 2 deliverables which include: FDDs, TDDs, and Data Models on **July 27th, 2018**
		• State to review and approve the templates for the 'other documents' and then Deloitte to provide a timeline for completing these documents.

The design documents will serve as the baseline version to be used by project teams throughout the SDLC for future maintenance and enhancement efforts

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Accountability and Procurement Processes

The State has developed many ways to track progress on release planning and achievement of business outcomes. The following are just a few of the artifacts generated to ensure adherence to project plans and quality:

- **Executive Status Report**: The weekly Executive Status Report provides a summary level review of the project and publishes key progress updates for the week including metrics associated with tracking business outcomes, impacted cases and problem management. It also provides a summary of the status of each release and highlights key action items and risks / issues.
- **Daily Project Standup Report**: The daily Project Stand Up report captures any new critical defects, the status of key deliverables and the status of key risks / issues. The report is reviewed in a morning call where items needing action are discussed to help facilitate bringing them to closure.
- **Theme Templates**: The theme teams maintain their templates which depict the business goals for the theme, the key team members, the business capabilities (in priority sequence), the BRRs, Problems, Service Requests and Data Fixes required to deliver each capability. Risks and issues for the theme are tracked on the template as well as other key dependencies. Templates are maintained in SharePoint and updated as needed during theme meetings.
- **SIT Testing Tool**: The testing tool provides a view of the testing coverage for each release. Coverage is reviewed with the State and facilitates the test planning process for the SIT phase.
- **JIRA Release Dashboards**: A JIRA dashboard is developed for each release once the final scope is approved. The dashboard shows real-time changes to any tickets associated with a release. Teams use these dashboards to track the status of every component within the release. If scope changes are approved at MPC, the dashboard reflects those changes as well.

- **Project Runway**: The runway depicts the details for the major projects contained within each release as well as the functional description of the scope included. The project runway is reviewed weekly at RPC. The RPC reviews the details to ensure any technical dependencies or issues pertaining to a given release are surfaced and addressed.
- **Post Implementation Evaluation Review**: After each release, Deloitte produces a report which evaluates the implementation and whether the objectives of the release were met. The report references key metrics and contract KPIs to measure the impact to the business.

Critical to achieving full compliance will be the achievement of the KPIs set forth in CA 45 for Release 7 acceptance. There are 10 contract KPIs under 4 categories: 1) Disburse benefits in a timely, accurate manner; 2) Users can process applications without interruption by system deficiencies; 3) Generate and issue accurate client notices on time; and 4) All legal and regulatory requirements are satisfied. While these are not the only business outcomes tracked that show the health of the system and underlying operations, they are important metrics for the system and compliance.

As these KPIs are highly technical, a multi-stage process was developed for their design and measurement. And an approvals protocol was developed to ensure the appropriate State leadership and staff sign off before a KPI is released into production. Deloitte was not in compliance with established KPIs in FFY18. For FFY19, as we approach system completion, the State and Deloitte will focus on ensuring quality, regular measurement of these KPIs.

The process for developing a KPI measurement is as follows:

1. POC Identification – State and Deloitte points of contact are identified for each KPI.
2. Working Session – State and Deloitte POCs meet to discuss baseline measure and approach
3. Feedback and Specification – Working session yield detailed measurement specifications, with rounds of feedback as required.
4. Final Walkthrough – Final working session between POCs to ensure that all comments have been taken in to account.
5. Submission via PMO – Deloitte submits baseline measurement and specification for approval following sign off of State POC.
6. State Executive Approval – Final approval comes from state executive leadership.
7. Begin KPI Measurement – Deloitte begins to record KPI metrics.
8. Contract KPI Measurement – Deloitte and State have continued cadence of KPI measurement according to CA 45 and CA 46.

Current status of measurement of KPIs:

- Contract KPI Measurement has begun: The following contract KPIs have been approved and measurement has begun : 1a (SNAP and RIW Batches Timeliness), 1b (Medical Batches Timeliness), 1d (Medical Benefit Accuracy), 1e (MMIS), 2a (Worker Portal), 2b (Customer Portal) and 4 (Delivery of Specific Functionality). Deloitte has met these KPIs. The State continues to track overall application timeliness separately as covered in Section 2. Pertaining to KPI #4, the State believes that according to the contract definition, Deloitte has met this KPI. All functionality contained in attachment C in Deloitte contract amendment 45 has been delivered.

However, this does not mean all legal and regulatory requirements are met. As communicated in this APD, Deloitte agrees there is more compliance work to be done and will be delivering this work at no additional cost to the Federal Government. Pertaining to KPI #2a and #2b, through the Command Center 2.0 model referenced in this APD submission, the number of blocked cases has been substantially reduced. This has allowed Deloitte to better address this KPI. The query for this KPI is pulled directly from JIRA, the single source of truth for project incident and issue tracking.

- KPIs 1c (SNAP and Cash Benefit Accuracy), 1f (QHP Eligibility and Enrollment Accuracy) 3 (Notice Accuracy) had not been met as of this writing. It is expected that prioritized compliance items in release 7.23, 7.24, 7.25 and ongoing patch items will help improve these KPIs. It is expected that prioritized compliance items in release 7.23, 7.24, 7.25 and ongoing patch items will help improve these KPIs.

The State believes that all Contract KPIs, as well as business outcomes defined outside the contract and shared with CMS and FNS, taken together ensure that the business can properly and completely use the system.

KPIs 2a and 2b help ensure that a would-be client can apply for benefits and not be blocked by the system. 1d (and 1f for QHP) ensures that they receive the proper coverage based on their determination. KPI 3 ensures that they are told about the decision reached by the system. And 1e and 1b ensure that appropriate information is transmitted to the enrollment system so that a client can use their health coverage. In this way, we believe that Medicaid clients are well served by these contractual KPIs. SNAP clients as well are covered by KPI 1c.

The State chose to include 1d as its Medicaid eligibility KPI largely because a) we believe that the cascade is the better measure of whether an applicant is receiving the right benefit level; b) MAGI eligibility rules are easier to interpret and code based on income levels, and the majority of beneficiaries are MAGI; c) the MAGI eligibility rules were well tested in Phase I and d) PERM and other audit functions serve to catch more complicated eligibility issues, which have been scoped for release and covered on CMS program calls.

The State continues to evaluate measurement of these KPIs according to the process laid out above. The State will not accept Release 7 until it is assured that all contractual KPIs are met and the definitions for measurement are reviewed and approved.

8-Personnel Resource Statement

The State is providing an estimate of total staffing requirements and personnel costs in Attachment C. Included are all state staff, their organization and job title the percent allocation to UHIP, whether they are DDI or M&O, their salary, the cost-allocation applied, and total UHIP allocation. Included in this listing is a complete list of DHS field staff with an allocation to UHIP based on the Random Moment in Time Study as detailed in Section 11.

Please see the table below for a listing of key personnel on the project.

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

9-Proposed Activity Schedule

The first major release in FFY19, which will focus on compliance, is scheduled for December 2018. Scope planning is underway, with the goal of finalizing in the near term as planning processes outlined in Section 7 conclude. Among the items likely to be addressed in this release are:

- 2 items related to 1095B tax forms that must be completed before 2019 to ensure that tax forms are sent accurately. These items involve IRS annual XML Schema Changes and 2018 (Tax Year) submissions and corrections;
- CMS eligibility items to improve accuracy of renewal notices for Chaffee, BCCPT, LTSS and complex Medicaid renewals, as well as a new VPL web service added for SAVE Step 3;
- Items to improve benefit decision notices, particularly for LTSS clients;
- Items to improve SNAP appointment scheduling and change functionality regarding re-opening SNAP cases during recertification;
- Items related to SNAP ABAWD functionality, including notice translations and capturing unfit to work exceptions on a separate worker portal screen;
- And fixes to Rhode Island Works time clocks to improve benefit accuracy and calculation.

As a matter of course, additional problem-ticket scope may be added to this release – to achieve desired business outcomes or to address specific tickets that bring the system into substantial compliance. The State continues to hold Deloitte accountable to delivering releases with quality and in accordance with the tenets listed in Section 7. And it continues to rely on the expertise and counsel of the DDI vendor to bundle BRRs into coherent, whole release packages.

Other major releases are also in planning for FFY19, along with ad-hoc patch releases primarily focused on problem tickets. These releases will be scoped according to the same tenets and theme-based release planning followed for release 7.23 and 7.24. The State anticipates a DDI release schedule to be finalized by Fall 2018 for work through June 2019. The State is preparing plans for the possible contingency of an overlap between this schedule and a transition of M&O services to a new vendor.

The State anticipates making release updates in this section in future IAPD-U submissions and can provide additional information as it becomes available.

10-Proposed Budget

For this IAPD update, Rhode Island is asking for federal approval for a FFY19 project budget and allocation methodology that begins January 1, 2019 as the October 1 - December 31, 2018 quarter was approved September 28, 2018. The total budget submission is the same as what was approved on September 28, but the allocation by program has been updated to reflect that latest development hours allocation as included in section 11.1.1.2 below.

It is important to note that contract forecasts are based on an assumption of continued levels of effort for DDI and system stabilization. Contract amendments that were executed mid-year for FFY 18 now have a full year of costs in FFY 19 and the cost is therefore higher in FFY 19. Examples include adding testing capacity for Northrup Grumman and KPMG.

The State understands that this budget request and subsequent approval does not constitute contract or contract amendment approval. Federal funds will not be expended on individual contracts until federal approval is received.

The state affirms that the requested amounts are solely for salaries, benefits and direct costs listed below. Indirect costs are not included in this budget request. State agencies that participate in this APD have been notified to update their public assistance cost allocation plan accordingly.

Deloitte has provided a second credit which totals $58.6 million. The State intends to process approved credits and invoices through the State accounting system. Once invoice approvals are obtained, the invoice will be credited in the state accounting system. If the State negotiates additional credits from Deloitte, the State will provide a reconciliation of these additional credits with Deloitte invoices.

Table 1 below shows the overall project budget for Federal and State shares as well as DDI, compared from FFY19 to FFY20.

RI HIX/IES Project IAPD Budget History Sheet

IAPD-U Oct 2018 Version Through FFY20			
	Total Cost	**Federal Share**	**State Share**
DDI			
DDI Cost (July 2018 Submission)	$ 451,451,466	$ 379,687,179	$ 71,764,287
DDI Cost (December 2018 Submission)	$ 448,780,707	$ 377,402,613	$ 71,378,094
Variance	$ (2,670,759)	$ (2,284,566)	$ (386,193)
M&O			
M&O Cost (July 2018 Submission)	$ 196,259,596	$ 129,850,910	$ 66,408,686
M&O Cost (December 2018 Submission)	$ 196,167,379	$ 129,547,906	$ 66,619,473
Variance	$ (92,217)	$ (303,004)	$ 210,787
July 2018 Submission Total Cost	$ 647,711,062	$ 509,538,089	$ 138,172,973
Dec 2018 Submission Total Cost	$ 644,948,086	$ 506,950,519	$ 137,997,567
Variance (Dec - Jul 2018 Submission)	$ (2,762,976)	$ (2,587,570)	$ (175,407)

The overall project budget through FFY20 is estimated to be $644,948,086 of which $506,950,519 is the expected federal share and $137,997,567 is the expected State share. Please see Attachment B for a budget summary by Federal Fiscal Year. As with previous IAPD submissions, please see Attachment C for details on personnel and Attachment D for a breakdown of total budget by quarter for FFY19 and FFY20.

10.1   Design, Development and Implementation Costs

10.1.1   State Personnel – All Other / Medicaid Personnel

Total UHIP DDI Personnel FFY19 Budget = $5,199,288

The State personnel budget reflects the State staff required to support the scope in this IAPD-U submission. There are three budget lines under DDI Personnel: Integrated solution at 90% Federal Financial Participation (FFP), Allocated Medicaid, and Integrated solution at 75% FFP.

The staffing model provides 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 and quality control and fiduciary management. These positions include new additions in FFY18 from DoIT as described previously in the IAPD who will continue working on UHIP through FFY19. Please see Attachment C for details.

10.1.1.1   State Personnel – Integrated Solution 90%

Total Budget for FFY19 = $3,380,548

The total 'State Personnel – Integrated Solution 90%' budget is cost allocated to the integrated solution, with Medicaid providing 90% Federal Financial Participation (FFP) for the Medicaid share.

All UHIP project stakeholders have full and/or part time staff allocated to the UHIP project, including: EOHHS, Medicaid, DHS, HSRI, DOA, DoIT.

10.1.1.2   Medicaid Personnel

Total Budget for FFY19 = $1,671,140

This budget item is for Medicaid staff working only on Medicaid related tasks and is allocated at 90% FFP.

10.1.1.3   State Personnel – Integrated Solution 75%

Total Budget FFY19 = $147,600

The total 'State Personnel – Integrated Solution 75%' budget line is cost allocated to the integrated solution, with Medicaid providing 75% FFP for the Medicaid share.

This category covers DoIT staff members and DHS clinical training specialists.

10.1.2   Contracted Services

Total UHIP DDI Contracted Services FFY19 Budget = $37,953,154

Contracted Services consists of four vendors: Redwing, Stonewall, Deloitte, CSG and NGIS. Please see the following for budget by vendor.

10.1.2.1   Redwing

Total UHIP FFY19 Budget = $185,328

Support RI Bridges development efforts with Deloitte and EOHHS Program Staff

10.1.2.2 Stonewall

Total UHIP FFY19 Budget = $206,250

Support the coordination of User Acceptance Testing (UAT)

10.1.2.3 Contracted Services – Technology Implementation Vendor (Deloitte)

Deloitte DD&I Total Budget FFY19 = $28,400,000

Deloitte is providing ongoing stabilization and delivery of the RI Bridges system, including major releases and patch releases throughout FFY19 to progress toward a compliant system. This budget reflects the development work contracted in CA46. It consists of Hourly Services, Application Maintenance, Program Management, and Information Management services. Deloitte is obligated to complete the system and will not be paid until that is done. Please note that this projection is for planning purposes and does not include the potential impact of future credits or settlement funds

10.1.2.4   Contracted Services – IV&V Vendor (CSG)

CSG Total Budget FFY19 = $1,919,576

CSG Government Solutions (CSG) will continue to work as the IV&V Vendor. This contract was extended through 6/30/19. CSG will continue to provide ongoing program IV&V, monthly and quarterly application system security assessments. Costs have been updated to reflect actual and projected expenditures.

10.1.2.5   Contracted Services – NGIS

NGIS DD&I Total Budget FFY19 = $7,242,000

NGIS will continue their role in providing conversion and bridging services on the project. NGIS will perform ongoing stabilization support of as described in Section 6, RI Bridges interface user acceptance testing, and UHIP IT transition support.

10.1.3   Other Contracted Services – Implementation Support

Total FFY19 UHIP Budget for Other Contracted Services – Implementation Support = $36,454,557

There are thirteen budget lines under this category. See the following table for a summary of costs by line item.

Summary of Other Contracted Services – Implementation Support	
Line Item	**Cost**
DXC	$ 2,397,992
KPMG	$ 17,638,904
FCG	$ 3,713,264
IBM	$ 3,492,000

ISG	$ 1,362,077
AHS (UAT Testers)	$ 465,600
KB Makers	$ 416,000
MWC Consulting	$ 543,400
Conduent (Medicaid)	$ 58,919
Freedman	$ 1,469,318
RFP – Health Transformation	$ 1,920,000
Transition Support	$ 2,977,084
TOTAL	**$36,454,557**

The following subsections outline the scope of services and costs by line item.

10.1.3.1   DXC – Allocated Medicaid

DXC Total UHIP Budget FFY19 = $2,397,992

Stabilization work with RI Bridges is ongoing and DXC is supporting proper transactions between the MMIS and RI Bridges, including the following;

- Issue resolution
- Testing new MMIS fixes
- Assistance with operationalizing system changes
- Deciphering and explain recipient cases
- Processing eligibility transactions and subsequent enrollments
- Validation of terminations and support of RCA for errant transactions

10.1.3.2   User Acceptance Testing Technical Assistance (KPMG)

KPMG Total Budget FFY19 = $17,638,904

KPMG is currently under contract to provide UAT technical assistance, which includes assisting the State in developing the UAT plans, scripts, and test data. This service also includes UAT execution. The State provides substantive staff resources to participate in all UAT activities and is responsible for the final acceptance of all system releases.

KPMG is currently under contract through June of 2019. The budget for KPMG includes the value of this contract, a budget for automated testing in the event the State engages these services and for extension of current service through FFY19.

10.1.3.3   Implementation Support Services - FCG

FCG Implementation Support Total Budget FFY19 = $3,713,264

FCG will support the State by providing the following services:

- DDI and stabilization support
- Establishing workarounds for functionality that is not yet implemented
- Support SDLC process from start to finish ensuring quality through DDI cycle
- Release validation to ensure successful code merges
- Identifying gaps as reporting through customer facing channels and determining solutions

The State is planning to exercise an extension option with FCG for FF19. This amendment will be submitted for review and approval by CMS and FNS. It will reflect a reduction in service commensurate with scope of work to be including in the Health Systems Transformation RFP.

10.1.3.4   IT Staff Augmentation - IBM

Total IBM Budget for FFY19 = $3,492,000

IBM provides IT staff augmentation support to assist the stabilization and system delivery efforts. Key areas of activity include the following:

- System architecture issue analysis and project oversight, including improving planning for software and hardware upgrades
- Improve the defect tracking process
- Support theme development
- Inventory gaps and problem areas in the RI Bridges system
- Provide subject matter expertise and business analyst support in issue identification and resolution, as well as quality assurance in DDI
- Release management

IBM is contracted with the State through March 31, 2019. This budget reflects a forecast for ongoing services through FFY19 in the event that services are needed beyond March 2019.

10.1.3.5   M&O Vendor Procurement Support - ISG

Total ISG Budget for FFY19 = $1,362,077

ISG is assisting the State in procuring M&O services for RI Bridges. This work includes:

- Reviewing of the request for proposals
- Preparing the request for information
- Identifying the scope of services and requisite vendor qualification
- Advising on the evaluation and selection of the successful vendor

- Supporting the creation of contract performance criteria, deliverables, contract structure, and signature ready agreement

The contract for ISG extends to May 16, 2019, and the contract budget is for services through November 2018. The forecast include in the IAPD anticipates negotiating with ISG on cost of services from November through December 2019 in support of a potential M&O vendor transition, and this may be impacted by M&O vendor procurement planning.

10.1.3.6   UAT Testers - AHS

AHS Total DDI Budget FFY19 = $465,600

AHS provides four to eight testers in support of UAT.

10.1.3.7   KB Makers

KB Makers Total Budget for FFY19 = $416,000

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

10.1.3.8   Asset Verification Program

Electronic Asset Verification Total Budget for FFY19 = $Nil

Interim functionality was implemented in September of 2018. Future integration in RI Bridges may be considered for future budget submissions.

10.1.3.9   MWC Consulting

MWC Consulting Total Budget for FFY19 = $543,400

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

10.1.3.10   MMIS/RI Bridges Reconciliation - Conduent (Medicaid)

Conduent Total Budget for FFY19 = $58,919

Services to assist with reconciling data for program eligibility and federal claiming. Note that this work is 100% Medicaid.

10.1.3.11   Data Management (Freedman)

Total Freedman UHIP DD&I Budget for FFY19 = $1,469,318

Freedman HealthCare provides data management services including:

- • Building CMS and other compliance reports
- • Assisting operations team with validation of system enhancements and fixes
- • Reporting development across multiple systems
- • Recommending data quality and enhancements
- • Identifying and manage correction of data as it enters the data mart; and
- • Releasing management script validation (interim business process)

Freedman is under contract with the State through June 30,2019. Most resources will roll off Freedman by March of 2019 once the Health Systems Transformation procurement is completed.

10.1.3.12   Data and Analytic Support - Health Transformation RFP

Total UHIP Budget for Data and Analytic Support for FFY19 = $1,920,000

This procurement will serve both HSRI and Medicaid, UHIP and non-UHIP. UHIP budget is included in this IAPD submission and has been reduced since the RFP was approved. Total UHIP budget is $2,560,000 annualized and projected to start February 2019.

Support under this RFP will take up parts of current scopes of work by FCG, Freedman and Conduent. This is covered in Task 2 of the RFP for data and analytics, which is the only task within the UHIP scope. The state anticipates that the level of effort for these services will not decrease in FFY 19 as these vendors continue to assist with stabilization and compliance efforts. The State will continue to review and update projections based on the timing for the transition from existing vendors to the new vendor.

10.1.3.13   Transition Support

Total Transition Support Budget for FFY19 = $2,977,084

The State estimates that 14.5 FTE are required to support the M&O vendor re-procurement and potential vendor transition. The State is developing a resource strategy for this support and anticipates that contract staff will be required in the following areas: IT management staffing, agency analysts and project management. The State will work with CMS and FNS as a resource strategy is reviewed and finalized. No resources will be onboarded without review and approval from FNS and CMS.

M&O RFP timing is a critical factor in determining the priority of this assessment and strategy. The state has not commenced a gap assessment and resourcing strategy at this date.

10.1.4   Hardware and Software Budget

Total Budget for FFY19 (non-Deloitte) = $963,277

In this section, the State outlines its request for hardware and software exclusive of what is required under contract with the system integration vendor for FFY19. There are 2 budget lines in this section: Q-MATIC and COTS.

10.1.4.1   Q-MATIC

Total Budget for Q-MATIC for FFY19 = $213,277

Q-MATIC is a queuing system that will be used to improve field office efficiency by managing customer flow in the DHS lobbies. It includes software and hardware as well as reporting. The state is reviewing the business case for this contract. If the state proceeds, the contract will be shared.

10.1.4.2   Commercial off-the-Shelf (COTS)

Total COTS Budget for FFY19 = $750,000

Multiple security initiatives and enhancements will be implemented to ensure the UHIP security architecture is robust and to maintain compliance with MARS-E2 and IRS security and privacy requirements. The State is requesting $750,000 in FFY 2019 at the federal participation rate of 90%. This cost will include the solution analysis, installation, configuration and integration of components that enhance monitoring, alerting and protection of the system. See the following table for a listing of elements in the budget. The Host IDS/IPS and QRadar enhancements are new requests.

Element	Requirement	Use	Cost
Host IDS/IPS	IRS CAP	Detect attacks and malicious traffic on all FTI hosts	$ 150,000
EndPoint Management	POAM	Detect and prevent unauthorized SW and services	$ 150,000
QRadar Enhancement	POAM	Enhance QRadar with additional source monitoring	$ 200,000
Web Application Firewall	State	Detect XXS and SQLI attacks on servers	$ 150,000
Key Management	MARS-E2	Centralized management of cryptographic keys	$ 100,000
Total			**$ 750,000**

10.2.   Maintenance and Operations (M&O) Costs

10.2.1   State Personnel

Total M&O Personnel Budget for FFY19= $8,910,242

Costs for M&O State personnel are in two categories, DHS eligibility support and oversight of AHS. See details in the following subsections.

10.2.1.1   DHS Eligibility Support

DHS Eligibility Support Total Budget for FFY19 = $8,818,025

A key change in this FFY19 IAPD-U is the inclusion of all eligible DHS personnel. Previous submissions have included 'surge' staff only. In this budget, we have included only a portion of the total budget for the 322 DHS staff included in Attachment C. This portion includes enhanced match eligible costs per the Random Moment in Time Study (RMTS) as detailed in Section 11 of the IAPD-U and the CHIP-matchable costs. Please see Attachment C for details on staffing and cost allocations applied.

 10.2.1.2   State Personnel – AHS

Total Budget for Personnel with AHS Cost Allocation for FFY19 = $92,217

Staff managing AHS has moved from a Medicaid allocation to the AHS contract cost allocation effective April 1, 2018. This continues in FFY19. See Attachment C for further detail.

10.2.2   State M&O – Other

Total State M&O Budget for FFY19 = $250,000

In this IAPD-U, the State requests include operating costs such as new application forms and licenses. This request does not include costs for postage, indirect costs or any costs that are not eligible for 75% FFP from CMS. The proposed methodology allocates costs across benefitting programs and is detailed in Section 11.

10.2.3   Contracted Services

Total Budget for Contracted M&O Services for FFY19 = $4,239,045

This section includes budget lines for M&O support from Conduent (DHS), DXC (Medicaid), Freedman (HSRI and Medicaid), NGIS (all programs), and notice production. Please see the following subsections for summaries of each.

10.2.3.1   DHS Operational Support - Conduent

Total DHS Operational Support Total Budget for FFY19 = $372,314

Conduent was under contract to support DHS operations from July 2, 2018 through November 21, 2018. There are two budget lines in this IAPD-U broken out as follows:

- Client change request processing which impacts all programs ($155,578)
- Provide call center support for SNAP customers ($216,736)

10.2.3.2   Reconciliation MMIS/RI Bridges - DXC

Total Budget for M&O Reconciliation Support for FFY19 = $425,436

Medicaid is planning for a transition from DDI service provision to M&O in the second quarter of FFY19.

10.2.3.3   Data Management - Freedman

Freedman M&O Total Budget for FFY19 = $1,163,295

In addition to the data management development services described in the above DDI section, Freedman also provides data quality assurance, including support for DHS programs. These services will end February 28, 2019 and will be taken up as part of the Health Systems Transformation RFP.

10.2.3.4   IT Operations Support - Northrop Grumman

Total M&O Budget for FFY19 = $1,278,000

NGIS will continue to perform the scope of services listed in the DDI section above, but will also perform services related to M&O of the RI Bridges system, including assisting the State with oversight of batch execution and system performance.

Regarding enhanced maintenance work performed by the Northrop Grumman team, RIKidsBridge activities would only be attributed to UHIP in the following circumstances:
- Testing modifications to RI Bridges related to the interface files sent or received in relation to Child Support Enforcement referrals
- Additional support activities involve sending a weekly eligibility reconciliation file to identify eligibility discrepancies between RI Bridges and RIKidsBridge. Work includes validating and testing reconciliation update files from RI Bridges necessary to synchronize the two systems

10.2.3.5   Notice Production

Total Notice Production Budget for FFY19 = $1,000,000

The State is including budget for production of all system-generated notices from the RI Bridges system in accordance with SMD #16-004. Postage is not included in this budget.

10.2.4   UHIP M&O Security and Support

Total Budget for M&O Security and Support for FFY19 = $650,000

Funding for this budget line will support State effort to ensure that the UHIP platform remains fully compliant with all Federal and State security and privacy standards.

10.2.5   UHIP Technology Platform

Total M&O Budget for UHIP Technology Platform for FFY19 = $13,200,000

This budget is inclusive of budget related to the current M&O vendor for RI Bridges and for a potential new vendor if identified through the M&O vendor re-procurement. This budget reflects costs established in Deloitte contract amendment number 46 and extended through September 2019. It includes hardware, software, hosting, technical operations, and financial management services. It is expected that hourly services and fixed capacity services will be subject to future negotiations. As with the DDI budget for Deloitte in the above section, the State will not pay Deloitte until the RI Bridges system is delivered.

10.2.6   Contact Center – AHS

Total Budget for Contact Center M&O for FFY19 = $13,500,000

AHS M&O services is inclusive of two lines in budget, including Contact Center walk-in and call support ($13,148,790) and DHS Triage ($351,210).

Section 11. Cost Allocation Plan for Implementation and Maintenance Activities

11.1 DDI

As RI's RI Bridges system has been designed, developed and implemented for UHIP, Rhode Island has used an approved DDI cost allocation methodology based on lines of code. The first "Phase" of UHIP

included MAGI Medicaid (including CHIP) and Qualified Health Plans (QHP). Programs added in the second phase of UHIP include complex Medicaid, Long Term Care Medicaid, and the following Human Service Programs: SNAP, TANF (Rhode Island Works), Child Care (CCAP), General Public Assistance (GPA), and State Supplemental Program (SSP). These programs have added and continue to add significant additional complex functionality to RI Bridges. Although the RI Bridges supported scope of these Phase 1 and Phase 2 programs is already largely designed and developed, there are still remaining portions of DDI remaining.

11.1.1.1 DDI Integrated Solution: Lines of Code (October 1 – December 31, 2018)

Rhode Island proposed and was approved to continue to use the Lines of Code (LOC) Methodology for DDI cost allocation for the remainder of FFY18, as had been previously approved in the June 2018 IAPD submission. Rhode Island also proposed and was approved to continue to use LOC Methodology for the first quarter of FFY19, Oct 1 - Dec 31, 2018, to the end of the A-87 Exception. For that quarter, although Rhode Island used the same methodology, Rhode Island updated the LOC to reflect the UHIP system code as of June 30, 2018. The calculations and result by program are shown in the following tables.

Lines of code analysis for Oct 1, 2018 - Dec 31, 2018									
Classification	Lines of Code	QHP	Medicaid	CHIP	TANF/RIW	SNAP	CCAP	GPA	SSP
Common	1,017,141		914,410	102,731					
Medicaid, QHP*	725411	362,706	326,072	36,633					
QHP	19,533	19,533							
Common	32,503		29,220	3,283					
Common	290,350		261,025	29,325					
SNAP	48,352					48,352			
Common	8,888		7,990	898					
SNAP, TANF*	51,205				25,603	25,603			
Common	34,104		30,659	3,445					
CCAP, GPA	63,087						31,544	31,544	
Common	19,558		17,583	1,975					
Medicaid, QHP*	12,792	6,396	5,750	646					
Common	2,422,395		2,177,733	244,662					
Common	55,742		50,112	5,630					
Common	1,255,524		1,128,716	126,808					
Common	376,148		338,157	37,991					
Common	528,229		474,878	53,351					
Common	3,508		3,154	354					
Common	4,343		3,904	439					
Common	236,406		212,529	23,877					
SNAP, TANF, CCAP, GPA, SSP*	98,331				19,666	19,666	19,666	19,666	19,666
SNAP, TANF*	26,376				13,188	13,188			
SNAP, RIW, CCAP, GPA*	18,860				4,715	4,715	4,715	4,715	
Common	16,807		15,109	1,698					
Common	134,209		120,654	13,555					
Common	5,931		5,332	599					
Common	19,783		17,785	1,998					
Common	25,780		23,176	2,604					
Common	3,400		3,057	343					
Common	479,685		431,237	48,448					
Sum of lines	**8,034,381**	**388,635**	**6,598,242**	**741,293**	**63,172**	**111,524**	**55,925**	**55,925**	**19,666**
	Program Allocation	4.8%	82.1%	9.3%	0.8%	1.4%	0.7%	0.7%	0.2%

With the loss of the A-87 exception beginning Jan 1, 2019, Rhode Island will be required to change its administration and tracking systems for UHIP claiming purposes. See Section 11.1.1.2 for details on the new DDI allocation proposed for Q2 – Q4 FFY19.

Updated Lines of Code by Functional Area

Below is a brief description of the major functional components (and the specific modules) and underlying modules. The three major categories are:

- **Common functionality that is for Medicaid & one or more DHS programs,**
- **Medicaid-only functionality, and**
- **DHS program(s) functionality that doesn't apply to Medicaid.**

The lines of code were placed in the applicable category as outlined below.

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

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	1,017,141
HIX	Public facing portal allows customers to apply for and purchase plans offered by carriers	Medicaid, QHP*	725,411
SHOP	Public facing portal allows employers and employees to purchase ESI plans offered by carriers	QHP	19,533
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	32,503
Data Collection	Data Collection provides the worker with the ability to capture required information about a household to make eligibility decisions	Common	290,350

Quality Control	Quality Assurance/Quality Control provides functionality for the State to perform SNAP /QC reviews	SNAP	48,352
Inquiry	Inquiry functionality provides users to enquire about Application, Case , Individual and Program information	Common	8,888
Scheduling	Scheduling functionality allows worker to schedule and track appointments for SNAP and Rhode Island work programs	SNAP, TANF*	51,205
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	34,104
Provider Management	Allows childcare and other providers to register and maintain profiles in the system, including rates and enrollments	CCAP, GPA	63,087
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*	12,792
Data Access Layer for All Queries Across the Application	All updates to database (data layer) across the application is performed through this module	Common	2,422,395
Staging from self-service to IES	Web services to send and receive data for reporting changes across self-service portal and RI Bridges	Common	55,742
Common Business Objects for all Modules	Business utilities used across all programs on the RI Bridges platform to perform user actions	Common	1,255,524
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	376,148

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 DHS programs. A few modules, specifically QC and Scheduling, are allocated to other DHS 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 DHS 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:

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	528,229
Redeterminations	Manages the redetermination process for each of the programs in the RI Bridges system	Common	3,508
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	4,343

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 DHS 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 DHS 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:

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	SNAP, TANF, CCAP, GPA, SSP*	98,331

	users and for emergency need, and in batch		
Benefit Recovery	Benefit Recovery functionality consists of processes to establish overpayment claims and recoup on overpayments	SNAP, TANF*	26,376
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*	18,860

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:

Module	Definition	Classification	Lines of Code
Security	Provides user and data security for the RI Bridges system	Common	16,807
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	134,209
Case Utilities	Allows developers to clone the case from one environment to another environment to triage issues.	Common	5,931
Manage Office	Allows authorized users to create and maintain office and employee profiles within RI Bridges	Common	19,783

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 DHS 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:

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	236,406

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:

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	3,400

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 DHS 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:

Module	Definition	Classification	Lines of Code
Interfaces (federal and state)	Data exchange interfaces across various State and Federal partners	Common	479,685

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.

11.1.1.2 Development Hours (January 1 – December 31, 2019)

Rhode Island proposed a Development Hours Methodology for FFY19. In response to comments by federal partners, Rhode Island is updating our Development Hours cost allocation proposal to reflect the latest release plan for RI Bridges through December 2019 (Q1 FFY20).

Rhode Island tested the following potential new cost allocation methodologies, in accordance with the federal Cost Allocation Methodology ("CAM") Toolkit, which was developed under a contract from the DHHS and is endorsed by the USDA[1].   Each of these methodologies was tested with recent data provided by Deloitte:

- Software development hours
- Storage/database size
- Lines of code
- Function points
- Screens

Rhode Island believes that using Development Hours for DDI cost allocation is the fairest method to allocate development costs to the benefitting programs, as it is able to be parsed by program to a much greater degree that the other methods and is the most direct measurement by program of the DDI work being completed.

At this point, the business design of these yet-to-be-developed and implemented scope components are summarized or complete, but technical design, software development, testing, and installation are still incomplete. Each item on this list of remaining DDI items are part of the CY 2019 release plan.

State has not included in the cost allocation those items from the CY19 release plan which were in the original design and owed to the state at no additional cost. Items excluded from the cost allocation analysis are release plan BRRs that are delayed functionality about which the integration vendor and the State agree should have been delivered prior to Phase 2 go live and for which the state has already been charged and paid, credited or provided at no cost.

The effort to develop the compliance release plan and determine whether BRRs were "Base", "M&O" or "Variable" was a process that started in late May 2018 and continued in earnest throughout the summer of 2018. The basic structure was as follows:

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[1] https://www.fns.usda.gov/apd/cam-toolkit

- State IT leads and program administrators reviewed every BRR logged in JIRA, our defect system of record on the UHIP project, and determined whether it was needed for compliance, or not.
- The UHIP Executive Committee, including all relevant agency Directors, reviewed the list of BRRs slated for compliance, making changes and amendments, ultimately finalizing a list of 148 BRRs that it was believed was necessary for compliance.
- From this list, the State and Deloitte scheduled working sessions to review BRRs on this list and segment appropriately. These review sessions included senior members of the Deloitte team, including but not limited to the Deloitte Project Executive and Deloitte Senior Advisor. The State was represented primarily by the DHS Director, EOHHS Chief Operating Officer and UHIP PMO lead. In these sessions, an additional review of requirements and compliance need was undertaken to be sure that requirements were understood and captured.
- From August to September 2018 in almost weekly 2+ hour working sessions, the State and Deloitte met and reviewed each BRR individually. Where members present were unable to speak to specifics, separate working sessions with State and Deloitte SMEs were scheduled, issues discussed, and brought back to the working sessions. Numerous Medicaid staff were involved in individual BRR discussions.

Once the buckets were developed and compliance re-established. The Deloitte IT team performed IT assessments on the BRRs as part of the development of the FY 19 release plan. In this process, Deloitte developed or revised prior rough order of magnitude (ROM) estimates for the BRRs. For certain BRRs where requirements needed further clarification, Deloitte and State program staff held solution discussions to better understand the business need before performing the ROM (these primarily occurred in the Medicaid area). These ROM estimates were reviewed by the State IT team as part of their review of the FY 19 release plan, which was built to ensure contingency based on number of hours in the release. Because of this, the State is confident is the estimates, provided that they are only estimates and that actuals may vary as per normal process.

For the BRRs included in the cost allocation analysis from the release plan, benefitting program or multiple benefitting programs have been clearly identified and development hours have been estimated (development hours include completion of technical design if still needed, software development, testing, and implementation).

"Benefit Received" is the name of the cost allocation methodology preferred by CMS and FNS in the APD process when software development costs are more than 50% of system costs, which is the case for RI's UHIP system. This methodology is in accordance with the federal CAM" Toolkit.[2] The goal for the Benefit Received cost allocation methodology is to distribute shared software development costs equitably among the benefitting programs.

With the submission of this IAPD, Rhode Island is proposing to move its DDI cost allocation methodology, effective Jan 1, 2019, from LOC to a "Benefit Received" for software/IT development and implementation. The goal of the Benefit Received Development Hours cost allocation methodology is to distribute costs fairly to the programs which benefit. Rhode Island is proposing to use the CAM methodology despite concerns about the equity of this allocation as it disproportionately impacts two

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[2] Ibid

programs with slightly greater than 5% duplicate enrollment. Our implementation of the methodology is consistent with the CAM Toolkit where functionality is:

1. Direct:

- Programs which directly and only benefit from a completed DDI request are allocated 100% of these hours, reflecting no change to current practice.

2. "Common" or Shared:

- Business Requirement Requests (BRRs) which benefit multiple programs using the UHIP system are shared as follows:
  - Small programs (under 5% total enrollment) share in costs based on program size. All programs benefitting from A BRR are identified. Program enrollment for each of those programs is calculated in percentages. Small programs are assigned a contribution based on program percentage times estimated BRR hours.
  - Large programs (over 5% enrollment) are charged by splitting the remaining hours among them equally.

Of the seven programs using UHIP, three are classified as small (under 5% duplicated caseload) and four are classified as large, as shown in the following table:

June 30, 2018 Duplicated Program Enrollment			
Program	Enrollment	Percent	Designation
Medicaid	278,673	49.9	Large
CHIP	31,474	5.6	Large
HSRI	37,589	6.7	Large
FNS/SNAP	156,938	28.1	Large
RIW/TANF	9,130	1.6	Small
Child Care	9,217	1.7	Small
SSP	34,862	6.3	Large
GPA	307	0.1	Small
Total	558,190	100	

This change in DDI cost allocation methodology to development hours by program is especially important because the A-87 exception from OMB rules will end on Dec 31, 2018. At that point, the enhanced Federal match of 90% for DDI will only apply to Medicaid, and all other benefiting programs will be required to not only pay their share of "direct" costs, but also pay their fair share for development and implementation of items which benefit all programs. These shared development costs are currently paid by Medicaid at the enhanced 90% match.

In calculating a cost allocation to be applied from Jan 1, 2019 to Sept 30, 2019 and into Q1 of FFY20 as updated each fiscal year, the State has determined and added the development hours which each program will be allocated for all "direct" costs. Direct costs include BRRs where one program will benefit, and all the hours are allocated to that one program. The majority of RI's planned BRRs from Jan 1, 2019 to Dec 31, 2019 directly benefit one sole program.

Some of the BRRs on the list benefit all or a number of programs. However, these costs will be shared in accordance with the small program/large program methodology described above, shown in the June 30, 2018 Duplicated Enrollment table above and in accordance with the CAM Tool Methodology.

Rhode Island is requesting a DDI cost allocation methodology in accordance with the methodology described below:

1. Planned development hours have been identified in a release plan for the period Jan 1 through Dec 31, 2019.

2. Development hours were attributed to benefitting program or programs.

3. Development hours for BRRs which benefit a single program are attributed 100% to that program, since these are considered "direct" program costs.

4. Development hours for items which benefit multiple programs are divided among those benefitting programs, using the small program/large program Methodology described above, consistent with the CAM Tool.

5. The resulting total Direct and Common development hours for all BRRs is then summed for each program. This is used to calculate the percent allocation of DDI costs to each program for the time period requested.

A list of BRRs used for this methodology from Jan 1, 2019 to Dec 31, 2019 are listed in the Table below, along with a short description of each item, the program(s) that each item will benefit, and the total estimated development hours. Development hours for each item are divided among the programs using Rhode Island's proposed allocation methodology.

RIB#	Agency	Theme	Summary	Benefitting Program(s)	QHP	Medicaid	CHIP	SNAP	TANF (RI Works)	Child Care	SSP	GPA	Total ROM / Estimated Development Hours.
			Allocation of Jan 1 - Dec 31, 2019 BRR list to Benefitting Programs, using CAM methodology										
RIB-82484	DHS	LTSS - Eligibility Rules	Eligibility Rule Changes for Medical Needy	M		1800							1800
RIB-34753	EOHHS	Medicaid Eligibility	Update all Policy Citations on the Notices to New Code	ALL	48	48		48	3.3	3.3	48	0	200
RIB-70008	EOHHS	Medicaid Eligibility	All Types of MAGI Income and Deductions Require Verification from FDH or via an ADR	M, Q	200	200							400
RIB-67983	EOHHS	Medicaid Eligibility	Program Denial Screen Reasons and Notice Text Requires Review	ALL	121	121		121	8	8	121	0	500
RIB-71959	EOHHS	Medicaid Eligibility	Update VLP 5yr Bar GRID	M		1600							1600
RIB-55795	DHS	Interfaces	USCIS V37 Upgrade - removing the manual submission of G-845 SAVE requirements for step 3	All except QHP		1318		1318	72	73	1318	2	4100
RIB-42361	EOHHS	Medicaid Eligibility	Hub VLP Web Service Step 3 Major 2018 Upgrade	M		4800							4800
RIB-72914	EOHHS	MMIS Stabilization	Assign Person Characteristic of "F" to all DCYF eligibility Segments	M		600							600
RIB-74602	DHS	LTSS Cost of Care	Standardize MAGI-LTSS Cost of Care as $0	M		2000							2000
RIB-40674	EOHHS	Riteshare Eligibility Accuracy	RITeShare design to include Adoption Subsidy	M		2800							2800
RIB-53964	EOHHS	MMIS Stabilization	Add Patient Share identifier to Bridges / MMIS	M		400							400
RIB-74603	DHS	LTSS Cost of Care	PNA for Category F clients in Assisted Living and RHMFC facilities	M		700							700
RIB-47785	EOHHS	Medicaid Eligibility	Date of Death should be the eligibility end date for Medicaid death terminations	M		2300							2300
RIB-74255	EOHHS	Medicaid Eligibility	Ex Parte Process Required for Medicare Recipients Termed from Medicaid	M		3100							3100
RIB-35985	HSRI	Notice Clarity, Content, Format, Translation	ADR Notice Updates to acceptable document list	Q,M	100	100							200
RIB-74715	EOHHS	Medicaid Eligibility	Retro Eligibility beyond 9 months	M		700							700
RIB-62466	EOHHS	MPP	DHS0035 MPP QI-1 Recertification packets must go out 90 days prior rather than 60 days. This will help avoid incorrect terminations	M		1500							1500
RIB-62899	EOHHS	CMS Eligibility Audit	Require DCYF Review/Approve all Chafee Cases Prior to Authorization	M		1800							1800
RIB-75840	EOHHS	MPP	MPP generate secondary notice to client when benefits are pending due to data mismatch	M		2100							2100
RIB-75785	DHS	LTSS - Eligibility Rules	Suspend auto closure for LTSS renewals	M		3900							3900
RIB-73000	EOHHS	MPP	MPP Negative action date change and Stand Alone notice	M		3900							3900
RIB-54237	EOHHS	CMS Eligibility Audit	Allow State QC Team to view an Audit Trail/History of all Case Actions	M		3000							3000
RIB-45078	DHS	CCAP Provider Portal	Provider Portal - Upload absence notices (Attendance Tab)	CC						1300			1300
RIB-50639	DHS	RIW Sanctions	3 months of RIW employment plan non compliance FFS should close case automatically	T					600				600
			Total Program Hours (Common + Direct)		469	34,869	3,917	1,487	684	1,384	1,487	3	44,300

Notes to table above: All BRR's are related to compliance. CHIP is calculated as 10.1% of the Medicaid population, which is based on June 30, 2018 enrollment.

DDI Cost Allocation Jan 1, 2019 - Dec 31, 2019	
Medicaid	78.7%
CHIP	8.8%
QHP	1.1%
SNAP	3.4%
TANF	1.5%
CCAP	3.1%
SSP	3.4%
GPA	0.0%
Total	100.0%
Note: GPA allocation is .006%	
so is considered negligible	

This cost allocation will be updated annually on October 1 of each year, based on the cost allocation formula proposed in this request. Updates will include estimated DDI hours by program based on the extent of an updated release plan, along with the most recent duplicated recipient counts for each program..

The following budget line items follow the follow the DDI allocations in 11.1.1.1 and 11.1.1.2:
State Personnel Integrated Solution Medicaid FFP 90%, State Personnel Integrated Solution Medicaid FFP 75%, Deloitte, CSG, Northrup Grumman DDI, KPMG, Faulkner, IBM, ISG, AHS (UAT), KB Maker, MWC Consulting, RFP Health Transformation, DOIT Staff Augmentation, and the Hardware and Software Section.

11.1.2 Allocated Medicaid

The budget for Allocated Medicaid is for costs assigned 100% to Medicaid, including both CHIP and Non-CHIP Medicaid. The Medicaid vs. CHIP allocation, based on enrollment as of 6/30, is allocated to each program according the standard DDI allocation.

Program Type	Enrollment	% of Total
Medicaid	278,673	89.9%
CHIP	31,474	10.1%
Total	310,147	100%

This methodology is applied to the budgets for Allocated Medicaid Personnel, Redwing, HP (DDI and M&O), and Conduent DDI

11.1.3. Freedman Allocation

The Freedman allocation is applied for Freedman costs in the DDI section. The allocation is based on the duplicated recipient count for HSRI, Medicaid and CHIP based on the table below.

Program	Enrollment	Program Allocation
Medicaid	278,673	80.1%
CHIP	31,474	9.1%
HSRI	37,589	10.8%
Total	347,736	

11.2. M&O

The section is related to cost allocations contained within the M&O section of the budget. The State has continued to review all the cost allocation methodologies and activities of contractors and personnel and has updated based on feedback from the latest federal review. Within this section are allocation methodologies for DHS field staff, the Conduent DHS contract and the AHS contract.

11.2.1 DHS Field Staff

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, the State is 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 field offices (Economic Services Division) will participate in a Random Moment Time Study (RMTS) as described below.

The purpose of this RMTS is to measure the level of effort spent on various activities performed by the Eligibility Technicians (ETs), 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 RMTS 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.

Below is a chart that details the RMTS percentages by program based on the March 31, 2018 RMTS results. 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 Medicaid portion of the DHS Field Staff included in the budget for FFY19 is $30,221,164 and for FFY20 is $31,101,273. However, only costs related to the enhanced match are included in the submission which are $8,818,025 for FFY18 and $9,074,826 for FFY19. As detailed in Attachment C, the total enhanced amount included in this submission is a combination of enhanced Medicaid FFP at 75% and CHIP.

DHS Eligibility Support

Program	CCAP	GPA	RIW Works	SNAP	SSP	Medicaid Enhanced	Medicaid Administration
RMTS %	4.7%	1.8%	5.4%	52.3%	.1%	28.4%	7.3%
FFP			100%	50%		75%	50%

11.2.2. Conduent Contract

The Conduent Contract was split into DHS Change Requests which follows the duplicate recipient count methodology in 11.2.3 and DHS Call Center Support which is allocated 100% to SNAP/FNS.

11.2.3 M&O Allocation – Duplicated Recipient Count

The budgets for the following vendors will be allocated beginning October 1, 2018 based on the standard M&O allocation based on duplicated recipient count seen in the table below: Northrop Grumman M&O, Notice Production, UHIP Security, IES M&O Vendor, and AHS (DHS Triage).

RI Bridges FFY 2018 Standard M&O Allocation Based on June 30, 2018 Caseload

June 30, 2018 Duplicated Program Enrollment		
Program	Enrollment	Percent
Medicaid	278,673	49.9
CHIP	31,474	5.6
HSRI	37,589	6.7
FNS/SNAP	156,938	28.1
RIW/TANF	9,130	1.6
Child Care	9,217	1.7
SSP	34,862	6.3
GPA	307	0.1
Total	558,190	100

11.2.4 AHS – Call Action Methodology

The budget for AHS Ongoing Hosting and the AHS Contract Manager is allocated by the call-action methodology.

Calls (and visits) to the contact center are categorized by Customer Service Representatives (CSRs) through a "call action"-based reporting system. The CSRs report the major activities they conducted on the call/visit. A call/visit may have more than one activity reported.

To allocate calls to Medicaid vs. HSRI, that accurately represents level of effort, Rhode Island will group calls into three major categories:

1. Primarily Medicaid level of effort

- These will be cost allocated to Medicaid

2. Equally Split level of effort between Medicaid and QHP

- These will be cost allocated 50% to Medicaid and 50% to QHP

3. Primarily QHP level of effort

- These will be cost allocated to QHP

4. Unable to classify

Rhode Island will use an entire calendar year of call data to assign calls according to this proposed methodology and will update the actual cost allocation early in each calendar year; 2017 call actions will be used for cost allocation in 2018, etc. Please see the tables below.

April 28 REVISED Contact Center BASE Cost allocation by Medicaid/QHP based on CY 2107 calls		
Month	Medicaid	QHP
Jan	91.30%	8.7%
Feb	90.90%	9.1%
Mar	88.80%	11.2%
Apr	89.10%	10.9%
May	89.90%	10.1%
Jun	89.90%	10.1%
Jul	90.30%	9.7%
Aug	91.60%	8.4%
Sep	89.60%	10.4%
Oct	88.60%	11.4%
Nov	87.10%	12.9%
Dec	83.10%	16.9%
Total	89.20%	10.8%

April 28 REVISED Contact Center BASE Claiming rate by 75% vs 50% based on CY2017 calls		
Month	75%	50%
Jan	97.70%	2.30%
Feb	98.80%	1.20%
Mar	98.90%	1.10%
Apr	98.70%	1.30%
May	98.60%	1.40%
Jun	98.70%	1.30%
Jul	98.50%	1.50%
Aug	98.60%	1.40%
Sep	97.60%	2.40%
Oct	97.30%	2.70%
Nov	94.00%	6.00%
Dec	93.30%	6.70%
Total	97.60%	2.40%

12-Security, Interface, Disaster Recovery, and Business Continuity Planning

The State of Rhode Island follows a strict security protocol for the UHIP application. Federal ACA guidance requires implementing the Minimum Acceptable Risks Standards for Exchanges (MARS-E 2). In addition, the State adheres to IRS security guidance based on NIST 800-53 for the protection of FTI data. The State has a security and privacy team to support this security guidance. The State has hired a third-party vendor to perform regular vulnerability scans on the network and source code and they also perform audits of our MARS E 2.0 controls. Deficiencies are tracked on the CMS Plan of Action and Milestones(POAM) and IRS Corrective Action Plan(CAP). The DDI vendor is responsible for addressing the findings on our POAM/CAP. We have recently deployed an IDS/IPS and have a plan to re-architect our infrastructure to provide better segregation of production and non-production and trusted zones within. Automated tools are under evaluation to provide monitoring of system assets as well as server level intrusion detection on the hosts that contain FTI data.

UHIP has over 100 internal and external interface partners. Each interface meets or exceeds State and Federal security requirements for data protection during transmission. The State is analyzing the tools used for data transfer and is considering a COTS approach to consolidate this effort into a common tool to manage operations and tracking of the 30,000 + yearly data transfers.

Disaster Recovery testing is performed yearly by our DDI/State teams. Our RPO is 15 minutes and our RTO is 48 hours. We have tested failing over to our DR site in Sacramento, CA. Our tests have been successful. We have not tested bringing it back to RI.

DHS has developed a Continuity of Operations Plan that identifies essential missions and business functions and associated contingency requirements. The plan addresses contingency roles, responsibilities, and identifies individuals with contact information. The plan is reviewed and approved by designated agency officials and is communicated with key contingency personnel.

13-Condition and Standards

The State worked to incorporate Medicaid Information Technology Architecture (MITA) and Medicaid Eligibility & Enrollment Toolkit/Lifecycle (MEET/LC) into its planning and decision-making. Through the MITA effort, the State's vendor, CSG, completed Rhode Island's portion of a three-state collaborative effort in April 2018. The MITA State Self-Assessment 3.0 is currently being finalized. A separate, related effort was completed by CSG, at the request of Rhode Island's Executive Office of Health & Human Services; it focused on the impact of RI Bridges on MITA maturity levels. This information will be considered as part of ongoing work with Deloitte – as well as in subsequent steps, such as the UHIP Maintenance & Operations (M&O) Request for Proposals (RFP). State and project leadership, in consultation with CSG, will continue to discuss MEET/LC, with an eye toward understanding the effort, timeline, and deliverables and incorporating, as appropriate, into RFP efforts.

14-IAPD 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	☒ Yes ☐ No
45 CFR Part 95.613	☒ Yes ☐ No
45 CFR 75, Subpart D, Subject Group 26	☒ Yes ☐ No

Access to Records, Reporting and Agency Attestations

42 CFR Part 433.112(b)(5) – (22)	☒ Yes ☐ No

45 CFR Part 95.615   ☒ Yes ☐ No

SMM Section 11267   ☒ Yes ☐ No

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

45 CFR Part 95.617   ☒ Yes ☐ No

42 CFR Part 431.300   ☒ Yes ☐ No

45 CFR Part 164   ☒ Yes ☐ No

Independent Verification and Validation (IV&V)

45 CFR Part 95.626   ☒ Yes ☐ No