Department of HUMAN SERVICES

Planning Advance Planning Document APD Update

MEME Project

(Medicaid Enterprise Modernization Effort)

For the Period of FFY22/23

October 2021 – September 2023

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1 EXECUTIVE SUMMARY

The purpose of this Planning Advance Planning Document (PAPD) update is to obtain prior approval from the Centers for Medicare and Medicaid Services (CMS) for enhanced Federal Financial Participation (FFP) for planning activities related to modernization of Iowa's Medicaid Management Information System (MMIS).

The project period for this PAPD-U is October 1, 2021 through September 30, 2023. The total budget requested for this PAPD-U is $4,555,200, which includes $4,404,483 federal XIX share, $86,553 Title XXI share, and $509,000 state share and other program allocations.

FFY22: Iowa was previously approved $2,167,200 in FFY22 funding, and is reducing the requested amount to $1,831,100.

FFY23: Iowa requests $2,724,100 in new FFY23 funding.

2 APD HISTORY

The tables below identify the history of the Iowa MEME Project enhanced funding approvals:

Type	Date Submitted	Date Amended	Date CMS Approved
PAPD Original Submission	8/3/2017	N/A	10/10/2017
First Update	11/02/2018	N/A	11/30/2018
Second Update	7/25/2019	N/A	9/9/2019
Third Update	9/30/2020	N/A	11/12/2020
Fourth Update	3/31/2021	N/A	04/22/2021
Fifth Update	4/18/2022	N/A	TBD

The previous PAPD-U4 approved on April 22, 2021 proposed MEME planning activities focused on two primary business outcomes: program integrity and interoperability. Based off initial feedback from leadership, MEME has pivoted from program integrity to provider outcomes.

3 PAPD SCOPE

3.1 Problem Statement and Desired Outcomes

Our current Medicaid Management Information System (MMIS) is over 40 years old. The initial design was not intended for a managed care environment. Introduction of managed care in 2016 caused the modification of the system to force managed care operations and rules through the existing fee for service model. Instead of upgrading to newer technology that furthers our capabilities, the managed care timeline forced us to implement the minimum functionality necessary to be able to capture encounter files, without being able to use them in a meaningful way.

Key areas that minimum functionality impacts include, but are not limited to:

- Encounters received by MCOs and PAHPs go through high level EDI and claims acceptance edits but not through a comprehensive claims engine that evaluates for other edits tied to state policy; this results in manual analysis that is both time consuming and delayed
- Legacy provider master file code structures are not aligned with MCO and PAHP structures which impacts downstream data analysis and program integrity efforts
- Data analytic capability is limited
- On demand data structures are time consuming to build and access for the end-user (business)
- Compliance with evolving CMS regulations (e.g. T-MSIS, Interoperability, Provider Enrollment and Screening, EVV)
- Medicaid beneficiaries and providers have minimal access to data related to services they receive or provide

Iowa Medicaid is also affected by many issues caused by accumulated policy and business process changes over time without additional refactoring/support, resulting in technical debt and organizational challenges. Medicaid systems are tightly coupled and cannot be changed without a major risk of business disruption. Data governance and data quality issues often prevent us from fully trusting our reporting and analysis. Processes and rules are not well documented, causing issues during transition as knowledgeable staff retire or leave for other opportunities.

In a survey of Iowa Medicaid state staff conducted in Fall 2021, Provider Enrollment was identified as the highest priority area needing improvement. Our current processes involve mostly paper forms that are either faxed or mailed and include manual entry of data and reviews of information. Automating, streamlining, and integrating all aspects of the provider enrollment process, including credentialing and contracting, will also benefit Iowa Medicaid's provider network management, quality improvement, and ongoing monitoring and compliance.

In addition, as modernization planning has progressed, we've identified one of the key areas of data discrepancies lies within our provider data. Use of a legacy provider number is embedded in virtually every MMIS subsystem. However, Iowa Medicaid's MCOs use national provider IDs (NPIs). In order to align provider data across FFS and managed care, we will need to resolve discrepancies caused by the fundamental difference in provider ID management and the related descriptive logic across systems.

Systems and processes impacted include:

Provider Subsystem	Legacy ID is a required key element in the setup and maintenance of provider enrollment data. Provider types and associated provider groups are maintained in part through legacy provider numbers.
Claim Adjudication System	Current claim adjudication logic is built around the use of legacy provider IDs and provider types. Editing for provider allowable services and pricing of claims are driving by legacy number.
Eligibility System	Member guardian information. Members can be assigned a guardian in MMIS, which is associated and maintained through a legacy provider number.
MARS (CMS) Reporting	Provider types and provider categories of service are key drivers tied to reporting, all which are derived through use of legacy provider numbers.
Provider Payment	Payments are processed through underlying legacy provider numbers. Tracking of payments, liens, credit balances are all done at legacy provider number level.

MCO Managed Care Subsystem	Assignment algorithm is driven through pseudo legacy provider numbers for each associated MCO and member county.
Dental Managed Care Subsystem	Similar to MCO, DBM assignment algorithm is driven through pseudo legacy provider numbers for each associated DBM and member county.
Procedure, Drug, Diagnostic, DRG, APC File (PDD file)	Procedure codes and associated parameters (e.g. max units, PA required, POS), including pricing, are defined by provider type.
Provider Fee Schedule	Defined through above mentioned PDD file, is maintained and published by provider type. Several rates are provider type specific.
Reporting	Most reporting tied to provider and claims data would be significantly impacted. Bucketing of payment information for Fiscal Management and CMS reporting is heavily driving by provider type and provider category of service.

In alignment with the business needs identified above, Iowa Medicaid has prioritized a provider enrollment and data management module as the first major module delivery. Below are the State outcomes planned specific to provider enrollment and data management and the corresponding success criteria, metrics, current baseline, measurement approach, and initial target:

Medicaid Program Goal	Outcome Statement	Metrics	Current Baseline	Measurement Approach	Initial Target (first 6 months)
Increase Quality Provider Availability	Decrease the effort and elapsed time required for a provider to enroll to provide Medicaid services	Total elapsed time duration from application submission to final approval	Enrollment Duration – 44 days Credentialing Duration – 10 days	Completion date minus Submission date	Reduce by 20%
Increase Quality Provider Availability	Decrease the effort and elapsed time required for a provider to remain active in good standing to provide Medicaid services	Total elapsed time duration for re-enrollment, recertification, etc processes	No baseline available at this time	Completion date minus Re-enrollment start date	Reduce by 10%
Increase Quality Provider Availability	Decrease the effort required for a provider to maintain necessary information/documentation with the IME and increase the quality/ timeliness of the provider information	Provider Effort required to maintain information/documentation with Iowa Medicaid	No baseline available at this time	Ask providers for quick effort estimates upon completing each change	Reduce by 20%
Improve Administration Effectiveness	Improve provider enrollment processing effectiveness for end user staff (enrollment, re-enrollment, and maintenance)	Number of staff hours expended performing enrollment activities	No baseline available at this time	Perform a time study to track operational hours spent on enrollment activities	Reduce by 20%
Improve Administration Effectiveness	Improve Staff ability to maintain and locate the most current provider data	Number of staff hours expended processing, understanding, and retrieving provider information	No baseline available at this time	Operation costs billed to information maintenance activities	**Staff time** – reduce by 20%

Below are the initial CMS outcomes targeted for initial delivery:

CMS Outcome	Description
PM1 - Application	A provider can initiate, save, and apply to be a Medicaid provider.
PM2 - Screening	A state user can view screening results from other authorized agencies (Medicare, CHIP, other related agencies) to approve provider if applicable.
PM3 - Screening	A state user can verify that any provider purporting to be licensed in a state is licensed by such state and confirm that the provider's license has not expired and that there are no current limitations on the provider's license ensure valid licenses for a provider.
PM4 - Revalidation	The system tracks the provider enrollment period to ensure that the state initiates provider revalidation at least every five years.
PM5 - Termination	A state user (or the system, based on automated business rules) must terminate or deny a provider's enrollment upon certain conditions (refer to the specific regulatory requirements conditions in 42CFR455.416).
PM6 - Reactivation	After deactivation, a provider seeking reactivation must be re-screened by the state and submit payment of associated application fees before their enrollment is reactivated.
PM7 - Appeal	A provider can appeal a termination or denial decision, and a state user can monitor the appeal process and resolution including nursing homes and ICFs/IID.
PM8 - Site Visits	A state user can manage information for mandatory pre-enrollment and post-enrollment site visits conducted on a provider in a moderate or high-risk category.
PM9 - Background Checks	A state user can view the status of criminal background checks, fingerprinting, and site visits for a provider as required based on their risk level and state law.
PM10 - External System Checks	The system checks appropriate databases to confirm a provider's identity and exclusion status for enrollment and reenrollment and conducts routine checks using federal databases including: Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), and the Excluded Parties List System (EPLS). Authorized users can view the results of the data matches as needed.
PM11 - Risk Level Assignment	A state user can assign and screen all applications by a risk categorization of limited, moderate, or high for a provider at the time of new application, reenrollment, or re-validation of enrollment. A state user can adjust a provider's risk level due to payment suspension or moratorium.
PM12 - Application Fees	The system can collect application fees. A state user ensures any applicable application fee is collected before executing a provider agreement.

CMS Outcome	Description
PM13 - Moratoria	A state user can set CMS and state-imposed temporary moratoria on new providers or provider types in six-month increments.
PM14 - Network Adequacy	A state user can determine network adequacy based upon federal regulations and state plan.
PM15 - Sanctions and Terminations	A state user, and/or the system, can send and receive provider sanction and termination information shared from other states and Medicare to determine continued enrollment for providers.
PM16 - Notices and Communications	The system can generate relevant notices or communications to providers to include, but not limited to, application status, requests for additional information, re-enrollment termination, investigations of fraud, suspension of payment in cases of fraud.
PM17 - Fraud	A state user can report required information about fraud and abuse to the appropriate officials.
PM18 - Payment Suspension	The system, or a state user, can suspend payment to providers in cases of fraud.
PM19 - Agreements and Disclosures	A state user can view provider agreements and disclosures as required by federal and state regulations.
PM20 - Change in Circumstances	A state user can view information from a managed care plan describing changes in a network provider's circumstances that may affect the provider's eligibility to participate in Medicaid, including termination of the provider agreement.
PM21 - Directory	A beneficiary can view and search a provider directory.

In parallel, MEME has prioritized the delivery of patient and provider Application Programming Interfaces (APIs) in response to compliance requirements outlined in the CMS Interoperability and Patient Access Final Rule. The following outcomes were provided by CMS to guide this delivery effort:

Patient Access API Outcome: Improve beneficiaries' ability to view, download or transfer their health data by making certain health information accessible to third-party apps via an API.

- Metric 1: The total number of unique patients whose data are transferred via the Patient Access API to a patient designated third-party app
- Metric 2: The number of unique patients whose data are transferred via the Patient Access API to a patient designated third-party app more than once

Provider Directory Outcome: Improve beneficiaries' ability to find care by providing current Medicaid provider directory information via an API.

- Metric 1: Number of providers listed in the provider directory
- Metric 2: Provider directory queries via the API

3.2 PAPD Scope Summary

Iowa is committed to establishing MEME as an enterprise-level program to facilitate the modernization of the Medicaid enterprise. While the goal for MEME is to modernize the Medicaid enterprise using a modular approach that allows us to implement modules as needed to achieve a modernized system over time, the initial focus is the planning and delivery of provider and interoperability outcomes.

This PAPD covers the following activities:

1. Staffing IME roles to enable the allocation of State business staff capacity to MEME (ongoing)
2. Executing the interoperability RFB procurement process (in progress)
3. Drafting IAPDs in support of interoperability and provider outcome delivery work (in progress)
4. Defining the success criteria and measurement metrics in alignment with the stated provider outcomes (complete)
5. Continuing to identify the next prioritized outcomes and the corresponding success criteria (ongoing)
6. Baselining the defined success criteria (ongoing)
7. Procuring acquisition support services (in progress)
8. Engaging with the provider community to elicit input and feedback from provider end users (in progress)
9. Engaging with the vendor community to understand available solutions suited to meeting our outcomes (in progress)
10. Establishing a modernization public presence, communicating the intent of our modernization efforts and creating engagement and interest from stakeholders (in progress)
11. Executing procurements to deliver the prioritized outcomes (in progress)
12. Traveling to and participating in the MESC conference
13. Purchasing a tHHS subscription to review other state procurement documentation

3.3 Delivery Schedule

The below items are already delivered:.

Activity	Deliverable Summary	Completion Date
Provider Outcomes	Draft list of outcomes, success criteria, and evaluation approaches for the provider outcomes	10/26/2021
Provider Survey	Survey distributed to providers to capture their feedback regarding the proposed provider outcomes and baseline effort metrics	10/26/2021
Interoperability RFB Published	Posted to the bidder's library	11/8/2021
Provider Survey Results	Results from providers analyzed and summarized for Medicaid business leadership	11/20/2021
Acquisition Vendor RFI Published	Posted the RFI to the bidders library and notified known NASPO PASS vendors	11/20/2021
Acquisition Vendor RFI Responses	Received RFI responses from vendors	12/30/2021
Interoperability RAI Response	Decision made to withdraw the Interoperability IAPD	1/24/2022
Provider Enrollment Listening Session	Captured feedback from providers specific to the enrollment process	1/13/2022
Provider Enrollment Outcome Baselining	Baseline of provider enrollment outcomes	2/20/2022
RFB Q&A	Re-execution of the RFB Q&A process to account for the change in Interoperability approach	2/13/2022
Acquisition Vendor SOW	Statement of work delivered to CMS for review	3/31/2022
Interoperability RFB Award	Announced the intent to award the Interoperability contract to the selected vendor	4/4/2022

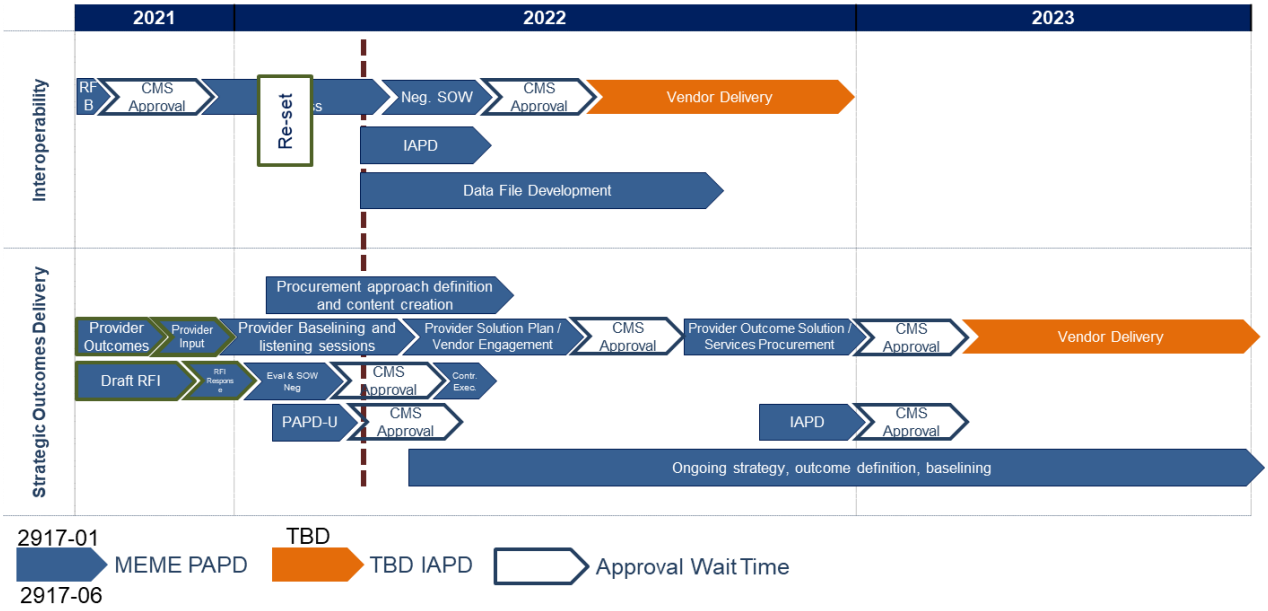
Activity	Deliverable Summary	Completion Date
Acquisition Vendor Kickoff	Launch of the engagement with the Acquisition Vendor team	4/13/2022

The below items are targeted for delivery near term:

Activity	Deliverable Summary	Percent Complete	Target Completion
Public Presence	Deployment of a Modernization website for publicly communicating modernization initiatives and content to external stakeholders and vendors	40%	5/1/2022
1st Initiative RFI	Publish RFI to elicit input from the vendor community	30%	5/1/2022
Interoperability IAPD	IAPD submitted to CMS requesting funding for Interoperability delivery	50%	5/1/2022
Strategic Roadmap Delivery	MEME strategic roadmap presented to CMS	20%	7/1/2022
Services RFP	RFP released to procure a vendor to deliver the first prioritized outcomes	Not Started	7/1/2022
Licenses RFP	RFP released to procure software to support the first prioritized outcomes	Not Started	7/1/2022
IaPASS IAPD	IAPD requesting funding for the delivery of the Iowa Provider Access & Screening Solution	Not Started	11/1/2022

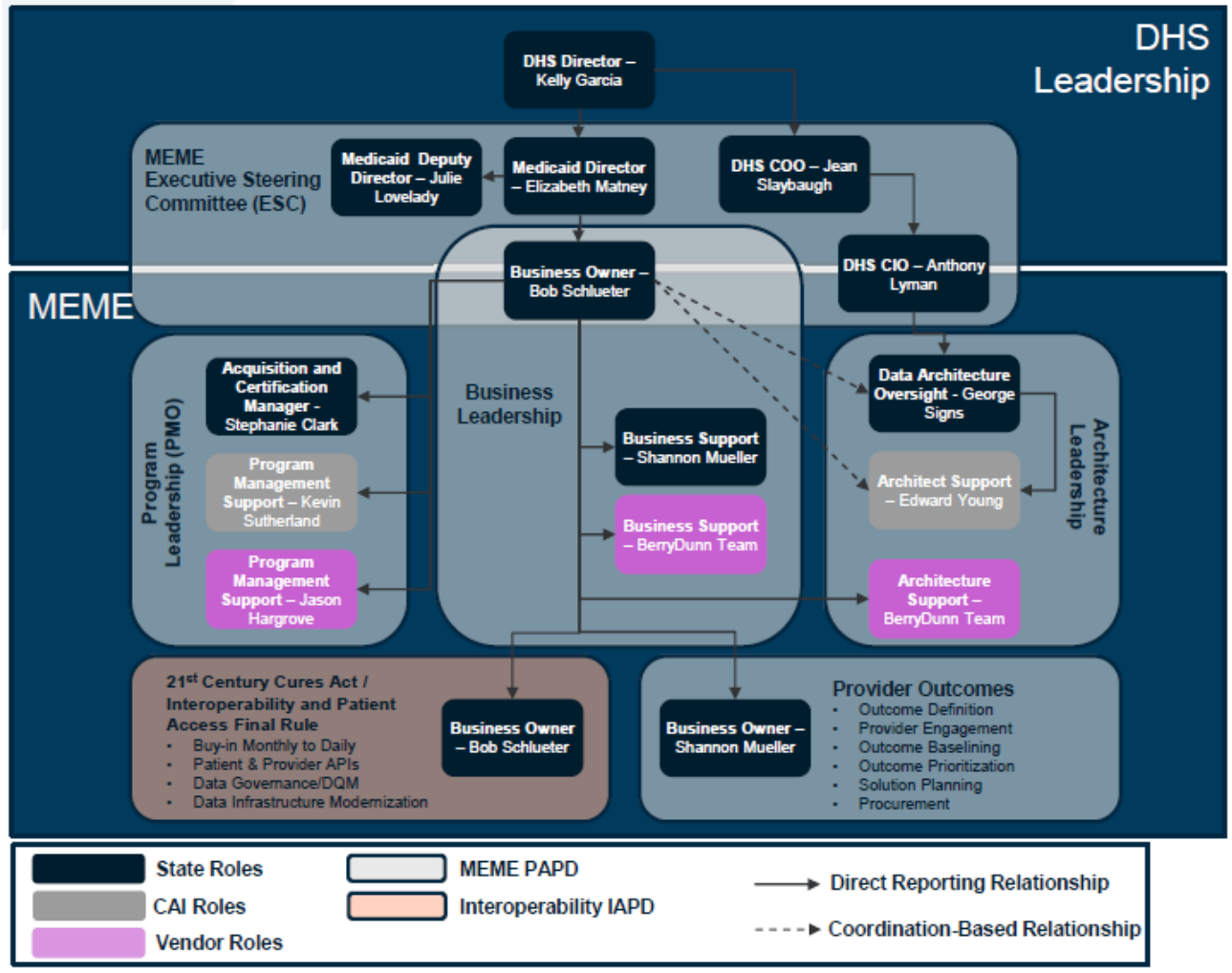
The list of completed and in progress deliverables is updated monthly and submitted to CMS via the monthly CMS Status Report.

The activities defined in this PAPD continue through 9/30/2023. The below high-level schedule includes the PAPD milestones as well as Interoperability and Provider Module IAPD milestones planned through the end of FFY23.



3.4 Staffing Plan

The below diagram summarizes the high-level organizational structure:



The responsibilities of each role defined above are listed in the following table:

Role Category	Role	Responsibilities	Source
Business Leadership	MEME Business Owner	• Overall program-level accountability for program success • Facilitate execution of the State staffing plan (post new roles, hire individuals, manage the transition of responsibilities, confirm assignment of allocation to MEME) • Manage State project delivery staff and capacity allocation • Uphold alignment to the program strategic vision and delivery of defined outcomes • Facilitate approval of APDs and contracts • Approve business case documents	State

		• Prioritize delivery work – resolve conflicts and dependencies • Maintain alignment with State Medicaid Director • Communicate decisions and maintain alignment / support from the business organization • Perform all business owner responsibilities until scale requires separate business owners • Represent Medicaid business interests in the Architecture Review Board	
Business Leadership	Business Support	• Provide Medicaid business consulting expertise to the MEME Business Owner • Deliver business documentation (vision, strategy, use cases, KPIs, etc) • Work with teams to create execution plans to implement the business strategy • Facilitate prioritization of business work items • Provide business guidance to teams and support the delivery of execution plans • Resolve blockers/issues/questions raised by teams	State/ CAI/ Acquisition Vendor
Program Leadership	Program Management Support	• Execute the program management plan and changes to the plan (includes organizational change management and training as needed) • Manage vendor delivery in alignment with vendor agreements • Communicate program status, including upcoming milestones, program progress, plan changes and budget/fiscal/cost sharing • Facilitate the staffing and onboarding of new program staff • Manage and communicate program structure, processes, and tools and the corresponding standards • Deliver program management deliverables in support of vendor and certification activities • Facilitate, manage, document, and communicate risks/issues/decisions • Facilitate collaboration and communication between project team members and teams • Implement improvement initiatives • Resolve blockers/issues/questions raised by teams	State/ CAI/ Acquisition Vendor
Program Leadership	Vendor & Certification Manager	• Draft APD documents • Manage certification requirements • Ensure alignment with legal and DHS contract management office • Facilitate procurement processes • Maintain contractual relationship with vendors (Change orders, contract escalations / performance management issues, contract file) • Maintain relationship / communication with CMS	State

		• Perform all Contract Manager responsibilities until scale requires separate contract managers	
Architecture Leadership	Data Architecture Oversight	• Overall accountability for the future-state MEME data architecture • Align data technical work in support of the business priorities • Maintain alignment with the DHS Data Strategy	State
Architecture Leadership	Architect Support	• Provide technical consulting expertise to the architecture leadership • Deliver architecture strategy • Work with teams to create execution plans to implement the architecture strategy • Provide technical guidance to delivery teams and support the delivery of execution plans • Resolve blockers/issues/questions raised by teams	State/ CAI/ Acquisition Vendor

3.4.1 CAI Staffing

During the planning phase, IME will continue to leverage augmented resourcing procured through a master services agreement with Computer Aid Inc. (Contract Number 2018 BUS 0521 – available at iowa.compaid.com).

The following CAI roles are staffed to deliver Program Management and Architectural Governance Modernization Planning under this PAPD.

- Kevin Sutherland
- Edward Young

3.4.2 State Staffing

As part of the State staffing plan, MEME anticipates adding additional FTE State staff roles incrementally during FFY2022 in support of planning activities and future vendor delivery efforts. IME plans to allocate dedicated existing experienced State staff to the MEME project and backfill their previous operational roles with new hires as needed.

MEME anticipates using the following State staff to compete the activities planned under this PAPD. See for the proposed roles and responsibilities for staff.

- Liz Matney, Julie Lovelady, Jean Slaybaugh, Anthony Lyman, Joanne Bush (In kind)
- Stephanie Clark
- Bob Schlueter
- Norm Edgington
- Kimee Pierson (In kind)
- Kera Oestreich (In kind)
- Shannon Mueller
- George Signs

3.4.3 Vendor Staffing

MEME has engaged with BerryDunn to support the following scope activities and deliverables:

- Delivery and maintenance of the MEME strategic roadmap

- Augmenting and supporting
  - Medicaid business expertise
  - Program management
  - Delivery oversight
  - Procurement execution

4 PROJECT BUDGET

See the attached Attachment A – PAPD Financials and Attachment B – Iowa MMIS MDBT Project Summary 4.13.2022, for the budget supporting MEME planning activities.

4.1 Resource Needs

For October 1, 2021 – September 30, 2023

4.2 Proposed Budget by FFP Quarter with Title XIX Breakout

See the attached Attachment A – PAPD Financials, for the quarterly budget with Title XIX breakout.

4.3 Cost Allocation

MEME Direct Allocations
MEME direct costs are allocated to the benefitting federal programs based on quarterly payments (in 000's of dollars) recorded by the MMIS system. Based on past allocations, program allocation will be close to:

Allocation Base Statisitics:	Payments	Percent
Title XIX	1,493,444.19	97.33%
Refugee	0.74	0.00%
Title XXI Medicaid Exp.	10,521.89	0.69%
Title XXI Hawki	30,113.06	1.96%
State Family Planning	58.73	0.00%
State Only	364.16	0.02%
	1,534,502.77	100.00%

Data Governance Software

Quarterly, expenses relating to the Data Governance software will be allocated to the ultimate federal programs based on the aggregate storage in the data warehouse by federal program. After an additional allocation to benefitting programs detailed above, the MEME allocation will be close to 75.65%, highlighted below.

Allocations by Program:	%
PP03 MED ASSIST 50%	5.85%
PP06 MMIS OPER 75%	75.65%
PP07 SSBG CAPPED	3.17%
PP12 FIP CAPPED	5.85%
PP16 CSFC REC 66%	0.40%
PP17 FOSTER CARE 50%	0.17%
PP20 REFUGEE 100%	0.00%
PP25 FOOD ASSIST 50%	5.85%
PP28 CCDF DISCR CAPPED	0.65%
PP31 MED EXP XXI FMAP	0.53%
PP32 HAWK-I XXI FMAP	1.53%
PP44 STATE FAMILY PLAN 0%	0.00%
PP57 STATE ONLY 0%	0.02%
PP79 MHMRDD 0%	0.35%
367.1 ELIAS IND	0.00%
	100.00%

The additional costs included in this PAPD are direct costs or will be allocated to MEME as follows:

- DoIT State Staffing costs are recorded in Project Online, a project management system in which IT state staff assigned participate and record their time.
- Enterprise Network charges, which include computer hardware and software purchases and/or vendor support purchases. Costs will be allocated to MEME based on the number of employees.