LEGISLATIVE FINANCE COMMITTEE
MEDICAID MANAGEMENT INFORMATION SYSTEM REPLACEMENT (MMISR) PROJECT UPDATE
AUGUST 26, 2021
INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

SPEAKERS

- HHS2020 Governance and IT Projects

- MMISR Project Overview

- MMISR Project Challenges
  - Expansion of Scope
  - Pandemic Response
  - Schedule Delays

- MMISR Project Current Status and Accomplishments

- Wrap Up

Kari Armijo
Dep. Cabinet Secretary

Katrina Hotrum-Lopez
Cabinet Secretary
Aging & Long-Term Services Department

Joseph Tighe
Project Director

Sean Pearson
Chief Information Officer

HUMAN SERVICES DEPARTMENT

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MISSION

HUMAN SERVICES
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To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.
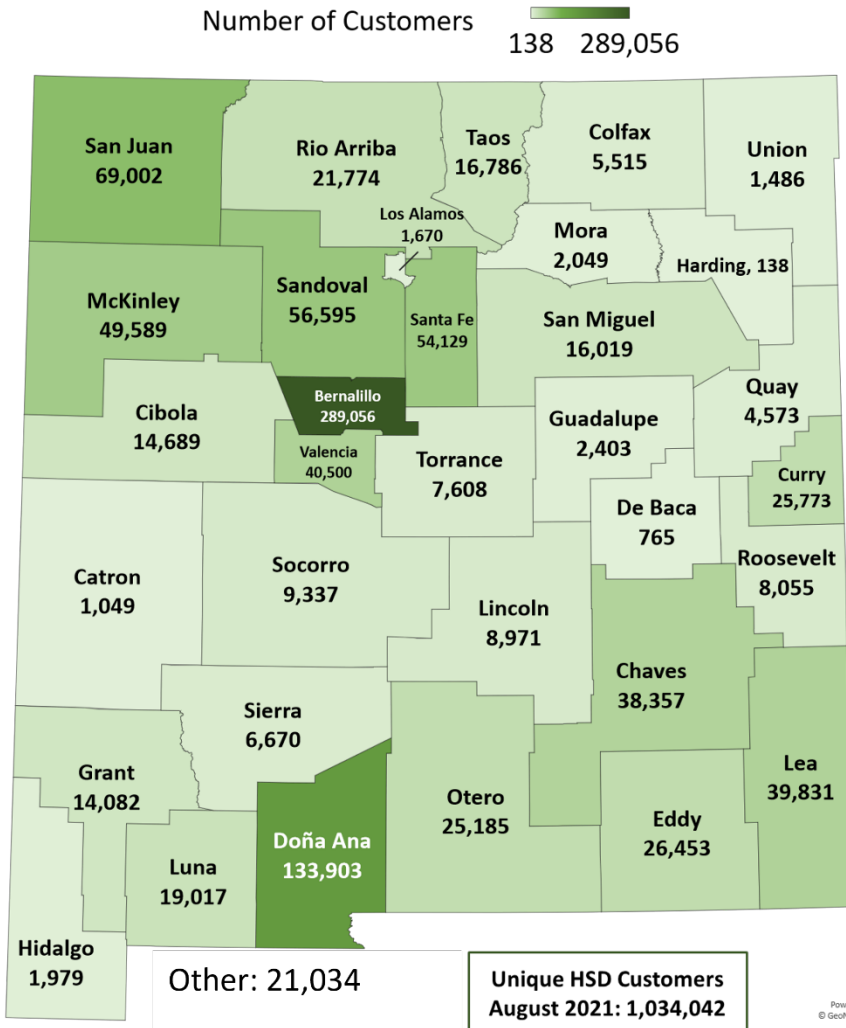
We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

HSD SERVES 1,034,042 NEW MEXICANS

Unique HSD Customers, August 2021

Number of Customers
138   289,056

San Juan 69,002
Rio Arriba 21,774
Taos 16,786
Colfax 5,515
Union 1,486
Los Alamos 1,670
Mora 2,049
Harding, 138
McKinley 49,589
Sandoval 56,595
Santa Fe 54,129
San Miguel 16,019
Cibola 14,689
Bernalillo 289,056
Valencia 40,500
Guadalupe 2,403
Quay 4,573
Torrance 7,608
De Baca 765
Curry 25,773
Catron 1,049
Socorro 9,337
Lincoln 8,971
Roosevelt 8,055
Chaves 38,357
Sierra 6,670
Grant 14,082
Otero 25,185
Eddy 26,453
Lea 39,831
Hidalgo 1,979
Luna 19,017
Doña Ana 133,903

Other: 21,034

Unique HSD Customers August 2021: 1,034,042

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HSD's Programs have had the following social impact:

293,516,402 meals provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) since January 2021

last updated: 8/16/2021

SNAP

936,961 individuals provided the ability to visit a doctor, afford medication and immunizations through Medicaid **in July 2021**

MEDICAID

57,907 homes heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIHEAP) **in Federal Fiscal Year 2021**

LIHEAP

12,233 families provided shelter and necessities through Temporary Assistance for Needy Families (TANF) Program **in July 2021**

TANF

$135.35 collected per child* per month on average through child support to help kids be happy and healthy **over the last 12 months**

*collections include current support and arrears debt to the custodial parent and/or the state.

CHILD SUPPORT

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HHS 2020 GOVERNANCE AND IT PROJECTS

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HHS 2020 GOVERNANCE AND PARTNERS

Co-Executive Sponsors

- David R. Scrase, M.D., Secretary - Human Services Department

  Acting Secretary – Department of Health
- Katrina Hotrum-Lopez, Secretary - Aging and Long-Term Services Department
- Elizabeth Groginsky, Secretary - Early Childhood Education and Care Department
- Secretary - Children, Youth, and Families Department

Oversight

- Raja Sambandam, Acting Secretary - Department of Information Technology
- Jane Wishner, Governor's Executive Policy Advisor for Health and Human Services

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HHS 2020 IT PROJECTS

Aging and Long-Term Services Department

▪ HHS 2020 ALTSD Integration

Children, Youth, and Families Department

▪ Comprehensive Child Welfare Information System (CCWIS)

▪ Children's Behavioral Health Module (part of MMISR)

Department of Health

▪ Children's Medical Services Integration

▪ Client Data Management System

▪ Facility Electronic Licensing and Information Exchange (FELIX) Replacement

▪ Incident Management System

Early Childhood Education and Care Department

▪ HHS 2020 ECECD Integration

▪ Families First Case Management System

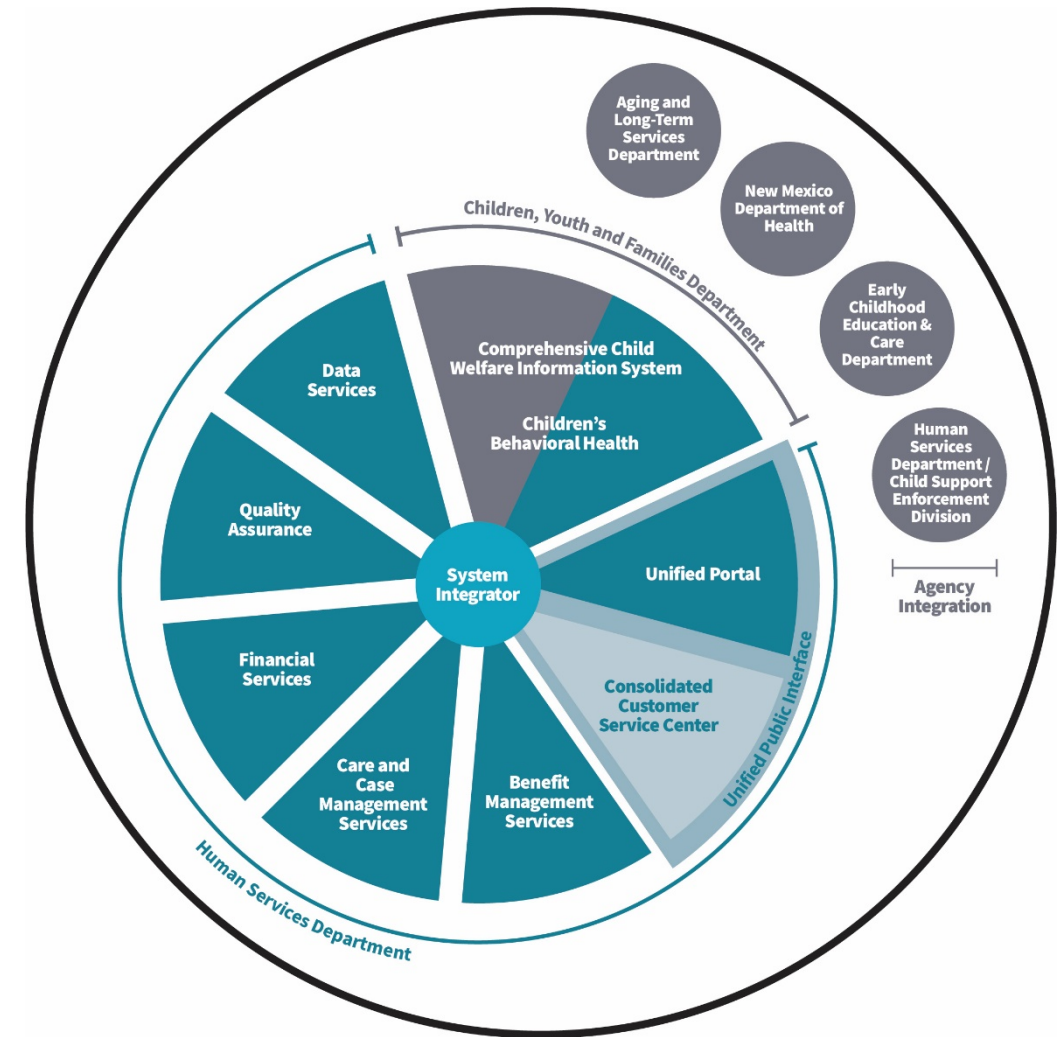**Human Services Department**

▪ Medicaid Management Information System Replacement (MMISR)

▪ Child Support Enforcement System Replacement (CSESR)

▪ Lobby/Queue Management System

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MMISR PROJECT OVERVIEW

MMISR PROJECT OVERVIEW

- Multi-year effort to replace HSD's Medicaid Management Information System (MMIS)
  - Federal requirement to have a "certified" MMIS
  - New federal requirements for modular (rather than monolithic) systems
- 8 functional modules plus integrations with other NM agencies
- Supporting **1,034,042** New Mexicans through Human Services Department programs -- **over 49% of State population**
- Streamlines administrative functions for **92,427** active health care providers
- Processes over **555,200** managed care organization (MCO) encounters each week
- Pays over **74,350** Medicaid fee-for-service claims each week
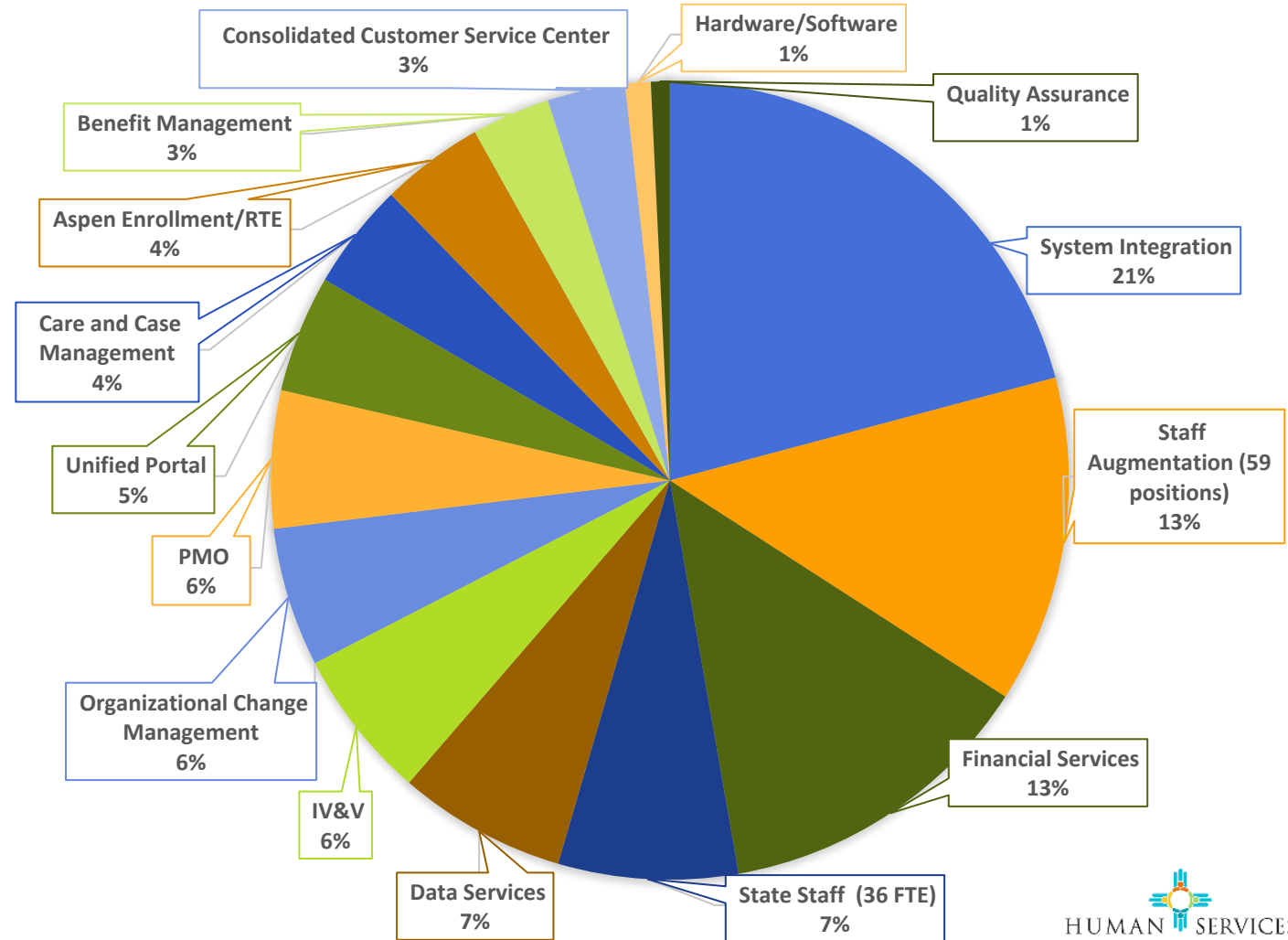- $346 million project budget with **89% overall federal match**

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MMISR MODULE OVERVIEW

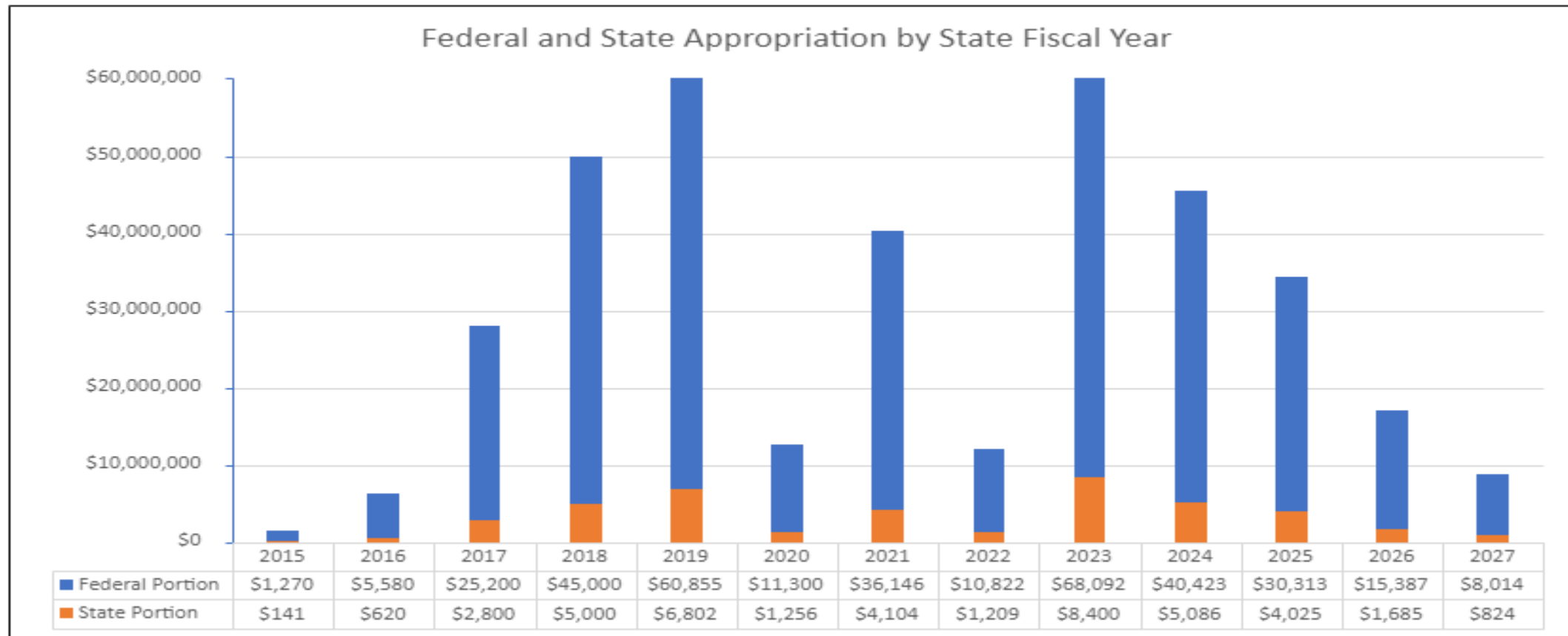| Module	Module Description	Status
MODULES IN PRODUCTION		
Consolidated Customer Service Center (CCSC)	Enterprise contact center supporting various programs and divisions	Contract executed; services are in production
Quality Assurance (QA)	Recoveries, Audits, Quality Reporting, and Fraud & Abuse Detection Services	Contract executed; some services already implemented
WORK IN PROGRESS		
System Integrator (SI)	Responsible for Technical Infrastructure, Module Integration and Master Data Management	Contract executed and work is in progress
Data Services (DS)	Implementing the Enterprise Data Warehouse with Business Intelligence and Flexible Analytics	Contract executed and work is in progress
Unified Portal (UP)	One-stop user friendly online portal for customers, providers, and employees	Contract is with federal partners for review and approval
Financial Services (FS)	Claims Processing, Financial Transactions, Pharmacy Benefit Management, Drug Rebate, and Self-Directed Home and Community Based Services	Contract negotiations with the vendor underway
Children's Behavioral Health Module (CBH)	CBH will focus on assessing Medicaid eligible children behavioral health needs and monitoring service delivery	Contract is with federal partners for review and approval
ANTICIPATED		
Benefit Management Services (BMS)	Provider management including enrollment and credentialing of Medicaid and other providers	Contract negotiations to begin December 2021
Care and Case Management Services (CCMS)	Care and Case Management solution supporting multiple HHS agencies	Anticipated contract award in 2024

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MMISR PROJECT BUDGET

Function	Cost
System Integration	$ 72,199,795
Staff Augmentation (59 positions)	$ 45,919,720
Financial Services	$ 45,477,971
State Staff (36 FTE)	$ 25,214,629
Data Services	$ 23,603,820
Independent Verification & Validation (IV&V)	$ 21,136,905
Organizational Change Management	$ 19,482,516
Project Management Office (PMO)	$ 19,314,616
Unified Portal	$ 16,435,799
Care and Case Management	$ 14,939,797
ASPEN Enrollment & Real-Time Eligibility (RTE)	$ 14,470,048
Benefit Management	$ 11,008,444
Consolidated Customer Service Center	$ 10,893,338
Hardware/Software	$ 3,585,085
Quality Assurance	$ 2,637,336
Total Budget*	**$ 346,319,820**

*_89% federal blended match rate; general fund share $38M_*

Consolidated Customer Service Center 3%
Hardware/Software 1%
Quality Assurance 1%
Benefit Management 3%
Aspen Enrollment/RTE 4%
System Integration 21%
Care and Case Management 4%
Unified Portal 5%
PMO 6%
Staff Augmentation (59 positions) 13%
Organizational Change Management 6%
IV&V 6%
Financial Services 13%
Data Services 7%
State Staff (36 FTE) 7%

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MMISR PROJECT APPROPRIATIONS

Federal and State Appropriation by State Fiscal Year

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Federal Portion	$1,270	$5,580	$25,200	$45,000	$60,855	$11,300	$36,146	$10,822	$68,092	$40,423	$30,313	$15,387	$8,014
State Portion	$141	$620	$2,800	$5,000	$6,802	$1,256	$4,104	$1,209	$8,400	$5,086	$4,025	$1,685	$824

All numbers in thousands

Federal guidance requires cost allocation with partners and has resulted in an 89% overall blended federal match for HSD.
The first state appropriation for the MMISR project was in SFY2016.

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MMISR PROJECT CHALLENGES

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MMISR PROJECT CHALLENGES

1. **Scope** of the project was expanded to include other health and human services agencies, improve customer service and optimize federal funding.

2. The **COVID-19 pandemic** required reassignment of program and IT staff for emergency response IT activities.

3. **Terminating the original System Integrator** resulted in schedule delays impacting other modules while HSD procured a new vendor.

The HHS 2020 Executive Steering Committee directed the completion of a project diagnostic to address the challenges noted. The project diagnostic was completed in January 2021 with corrective actions approved in March 2021.

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MMISR PROJECT CHALLENGE: EXPANSION OF SCOPE

Before January 2019

- MMISR was focused on **HSD programs only** with primary emphasis on Medicaid services.
  - Paying Medicaid claims
  - Enrolling Medicaid providers
  - Managing Medicaid members
  - Reporting functions for Medicaid
  - Facilitating HSD customer contacts
- **Single** funding partner at the federal level.
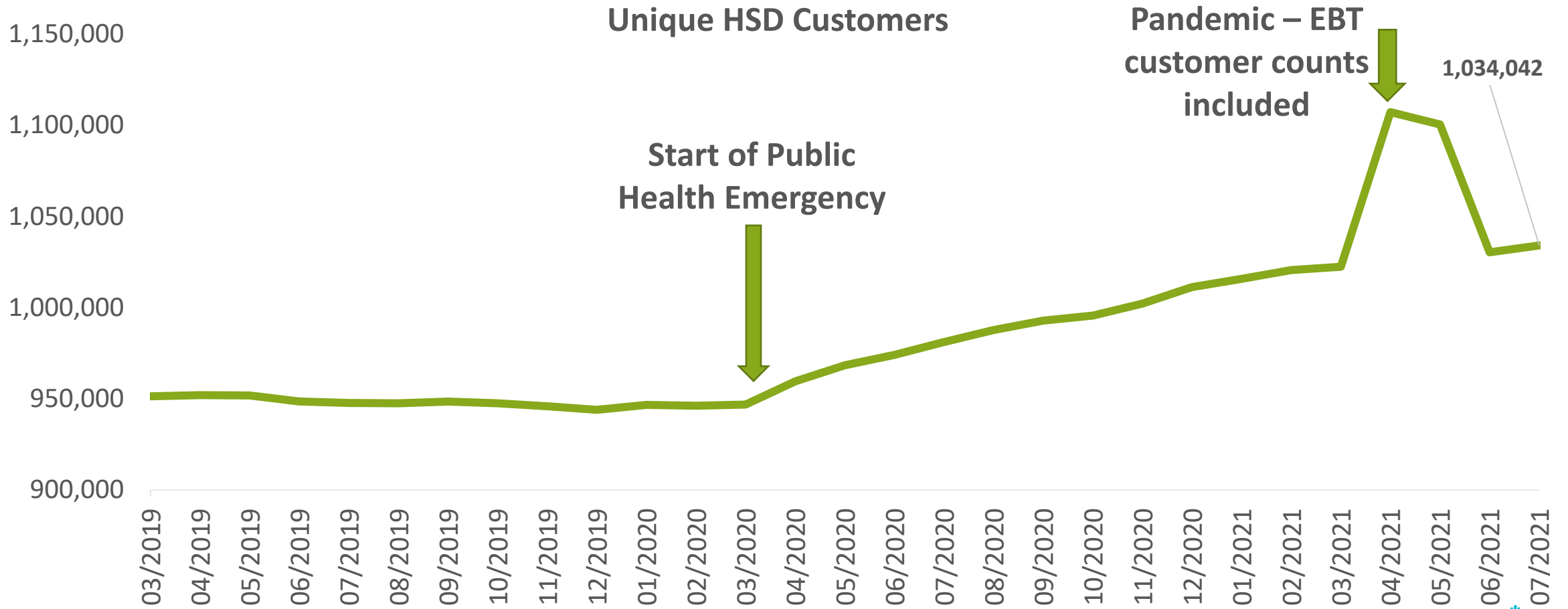- Original project budget:
  - $194.29M Total
  - $19.43M GF

After January 2019

- Opportunity to **optimize** federal funding, **leverage** services, and **streamline** the customer experience **across agencies**.
  - One-stop service for customers across NM HHS agencies
  - Enroll providers across the system (e.g., behavioral health)
  - Leverage IT capabilities across agencies (e.g., ECECD customer support)
  - Data and predictive analytics to measure outcomes and meet the needs of HHS agencies; informed and holistic decision-making across programs
  - Leverage federal funds for member management functions when there is Medicaid overlap (e.g., CYFD Children's Behavioral Health)
- **Four** major funding agencies at the federal level.
- Current project budget:
  - $346.32M Total
  - $38.1M GF

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MMISR PROJECT CHALLENGE: EXPANSION OF SCOPE

- Primary MMISR funding vehicle tied to multi-operational Advance Planning Document (APD)
  - Approval required by four federal agencies:
    - Medicaid – Centers for Medicare & Medicaid Services (CMS)
    - Child Support – Office of Child Support Enforcement (OCSE)
    - SNAP – Food & Nutrition Service (FNS)
    - CYFD – Administration for Children & Families (ACF)
  - 28 MMISR contracts and $346M in funding for federal partners to review
  - Bi-weekly federal calls established in March 2021 to work through questions and provide information related to the Advanced Planning Document
    - Federal emphasis on cost allocation and shared services across agencies

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MMISR PROJECT CHALLENGE: COVID-19 PANDEMIC RESULTED IN INCREASED ENROLLMENT IN HSD PROGRAMS

Unique HSD Customers

Pandemic – EBT customer counts included

1,034,042

Start of Public Health Emergency

The spike in enrollment numbers for April and May 2021 is a result of including Pandemic EBT customer counts in the total count.

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MMISR PROJECT CHALLENGE: COVID-19 PANDEMIC RESPONSE REQUIRED REALLOCATION OF RESOURCES

Resources Needed for HSD:

- Capacity planning
- Adequate staffing and transition to telework
- Implementation of pandemic emergency authorities
- Emergency response efforts through ESF6 (food and shelter)
- System modifications
- Training
- Communication

Resources Needed for Interagency Support and Collaboration:

- **Taxation & Revenue Department** – financial assistance payments
- **Public Education Department** – emergency food benefits for students
- **Department of Workforce Solutions** – 50-100 HSD staff assisting call center to issue benefits (April 2020 to present)
- **Department of Finance & Administration** – Emergency Rental Assistance program
- **Office of the Superintendent of Insuranc**e - alignment of instructions related to COVID-19 covered services, billing and reimbursement,

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ASPEN ENHANCEMENTS ENABLED:

$ 449M

Additional SNAP benefits provided to 600,876 New Mexicans

$ 227M

Pandemic electronic benefits transfer (EBT) food assistance provided to 283,681 students

$ 5.2M

Heating and cooling assistance provided to 17,658 households

147K New Mexicans enabled to retain Medicaid during the pandemic

Just this month, the department issued another round of state stimulus payments to low-income New Mexicans

$3,473,250 state benefits distributed to **4,631** New Mexicans through YES NM and in partnership with the Taxation and Revenue Department

CUSTOMER CARE

$7,029,870 state benefits distributed to **15,118** New Mexicans through YES NM and in partnership with the Taxation and Revenue Department

Deployed **solutions for shelter and food distribution** in support of the department's COVID-19 pandemic response

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MMISR PROJECT CHALLENGE: SCHEDULE DELAYS

- HSD terminated its original System Integrator (SI) in April 2020 after a series of corrective actions:
  - Reduction in scope
  - Corrective Action Plan
  - Failure to meet CAP requirements resulted in termination
- The SI functions as the integration platform for information systems to coordinate functions and operations across modules and agencies
  - The MMISR hub or "translator"
  - Manages the migration of data from old systems to new system
  - SI delay impacted all modules

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MMISR PROJECT CHALLENGE: SCHEDULE DELAYS DUE TO SYSTEM INTEGRATOR CONTRACT TERMINATION

- Overall timeline of delays due to SI termination = 13 months
  - Drafted new procurement – 2.5 months
  - Federal review of procurement – 2 months
  - Procurement and contract negotiations - 6.5 months
  - Federal review of contract – 2 months
- Signed contract with a new SI contractor in May 2021
- Termination meant necessary reprioritization to focus on certain key functions (e.g., claims payment)

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MMISR PROJECT CURRENT STATUS AND ACCOMPLISHMENTS

MMISR PROJECT DIAGNOSTIC PROGRESS

Scope

- System Integrator (SI) initial deliverables on time and aligned with quality expectations
- Clear definition of Financial Services (FS) SOW based on subject matter expertise
- Data Services (DS) focus on requirements gathering and launch of design thinking with HHS agencies
- Quality Assurance (QA) incremental fraud and recovery functionality implemented

Schedule

- Rebaselined and published detailed Enterprise Project Schedule (EPS)
- Baselined SI vendor schedule into EPS
- Extended project timeline to account for SI delays and pandemic
- Added detail for capacity and sequencing of business functions in Go-Live events
- Overlapping interdependencies and impacts have been accounted for in new EPS

Resources

- Developed staff augmentation hiring plan to assure adequate resources
- Onboarded MMISR Hiring Coordinator to execute hiring plan
- Outlined four waves for staff augmentation hiring with Medicaid and IT positions being onboarded from September 2021 -May 2022
- Initial 20 SI vendor staff onboarded

Immediate Course Correction Actions Taken

Vendor Management

- Developed Risks & Issues dashboard to be used in leadership and module meetings
- QA pivoted to use of legacy data
- DS took requirements first approach
- Internal alignment on detailed FS SOW before involving vendor
- Contract negotiations begun for FS

Budget

- Consolidated Customer Service Center (CCSC) is live for multiple HSD programs & ECECD
- Federal APD request is $346M; technical assistance and collaboration ongoing
- C2 budget request due 9/1
- Future module negotiations will seek additional cost reductions
- Budget oversight workgroup established with HSD CFO

Governance

- Dedicated Project Director position to facilitate faster day-to-day decision-making and facilitate collaboration between IT and business
- Updates to MMISR Role, Governance, & Functional Org Charts monthly
- Detailed governance and oversight by Executive Steering Committee with monthly meetings
- Establishment of an Operational Steering Committee at HSD to engage do engage interdivisional leadership

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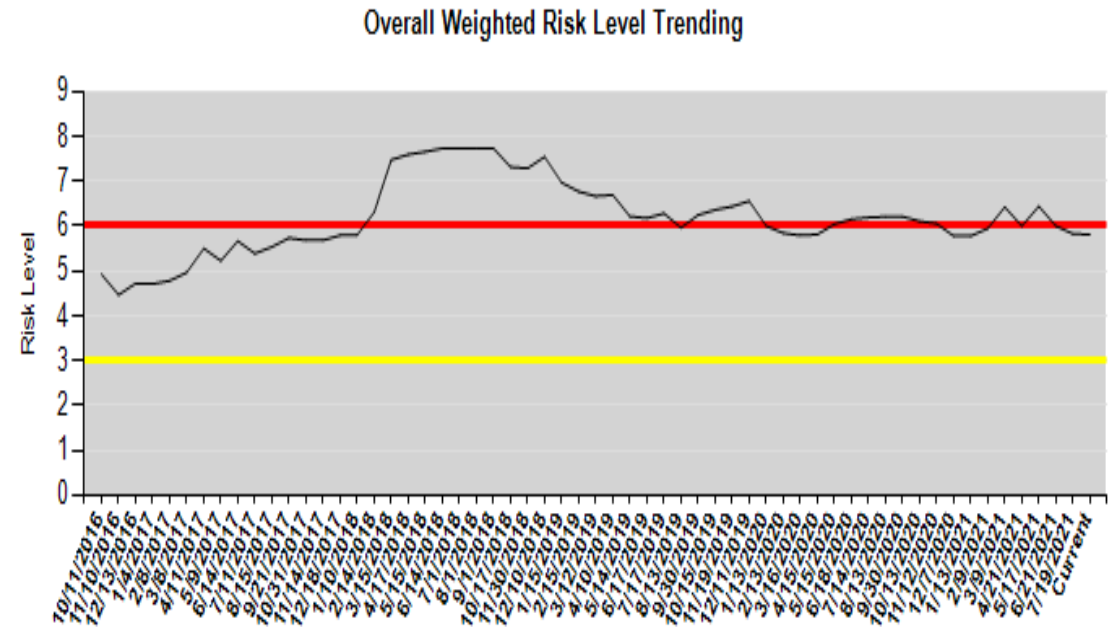
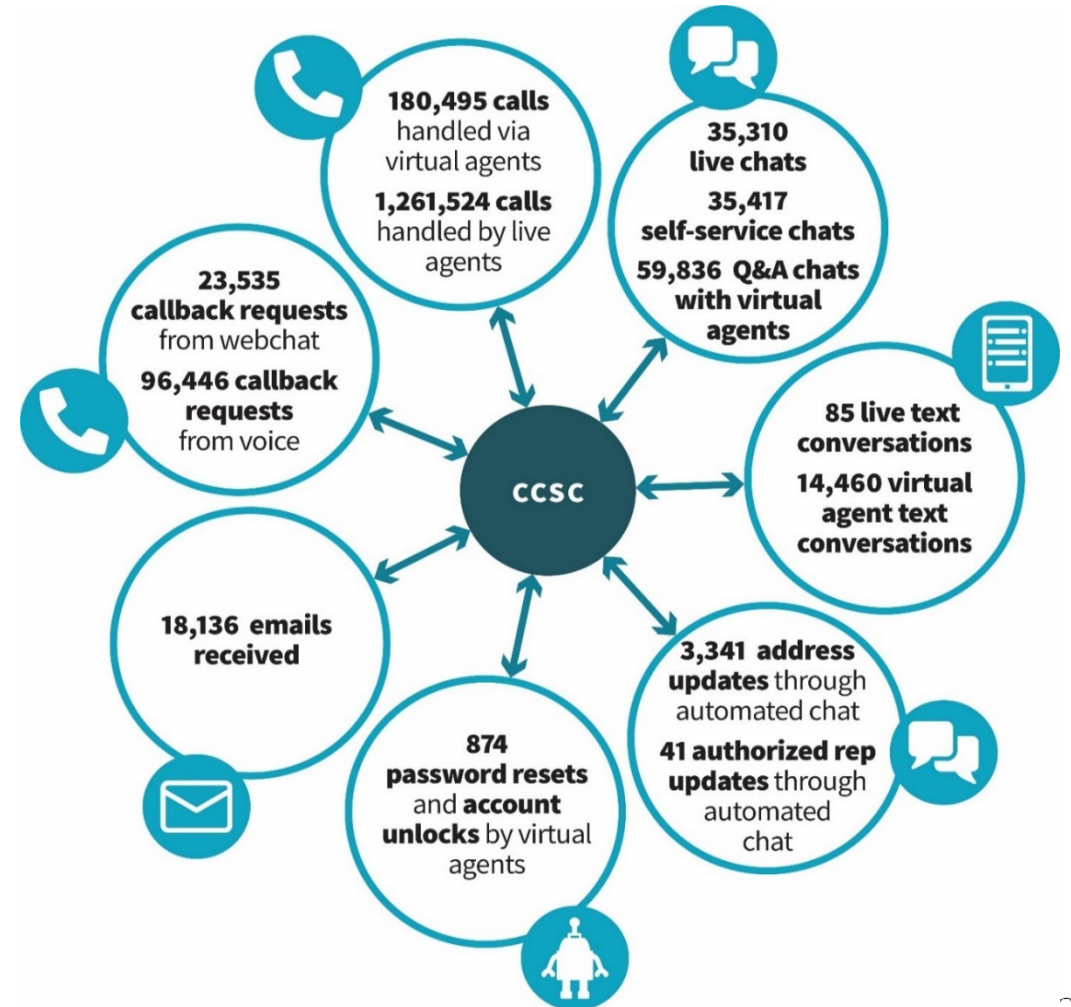# INDEPENDENT VERIFICATION AND VALIDATION (IV&V) RISK RANKING

IV&V has **lowered** the project risk ranking three months in a row from May through July 2021

Month	Risk Score (10-point scale, lower is better)	Red/Yellow/ Green and Risk Trend
May 2021	6.44	↓
June 2021	5.82	↓
July 2021	5.81	↓

Overall Weighted Risk Level Trending

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MMISR PROJECT ACCOMPLISHMENTS – CONSOLIDATED CUSTOMER SERVICE CENTER

- **Successfully implemented** the Consolidated Customer Service Center (CCSC) technology and services on **August 31, 2020**

- Consolidated 150 published phone numbers into **2 toll free phone numbers** handling **1,672,450 contacts** through one customer service center

- **Five new technologies** deployed for customers: live chat, self-service chat, callback requests, email, and automated application and case information with virtual agents and text messaging
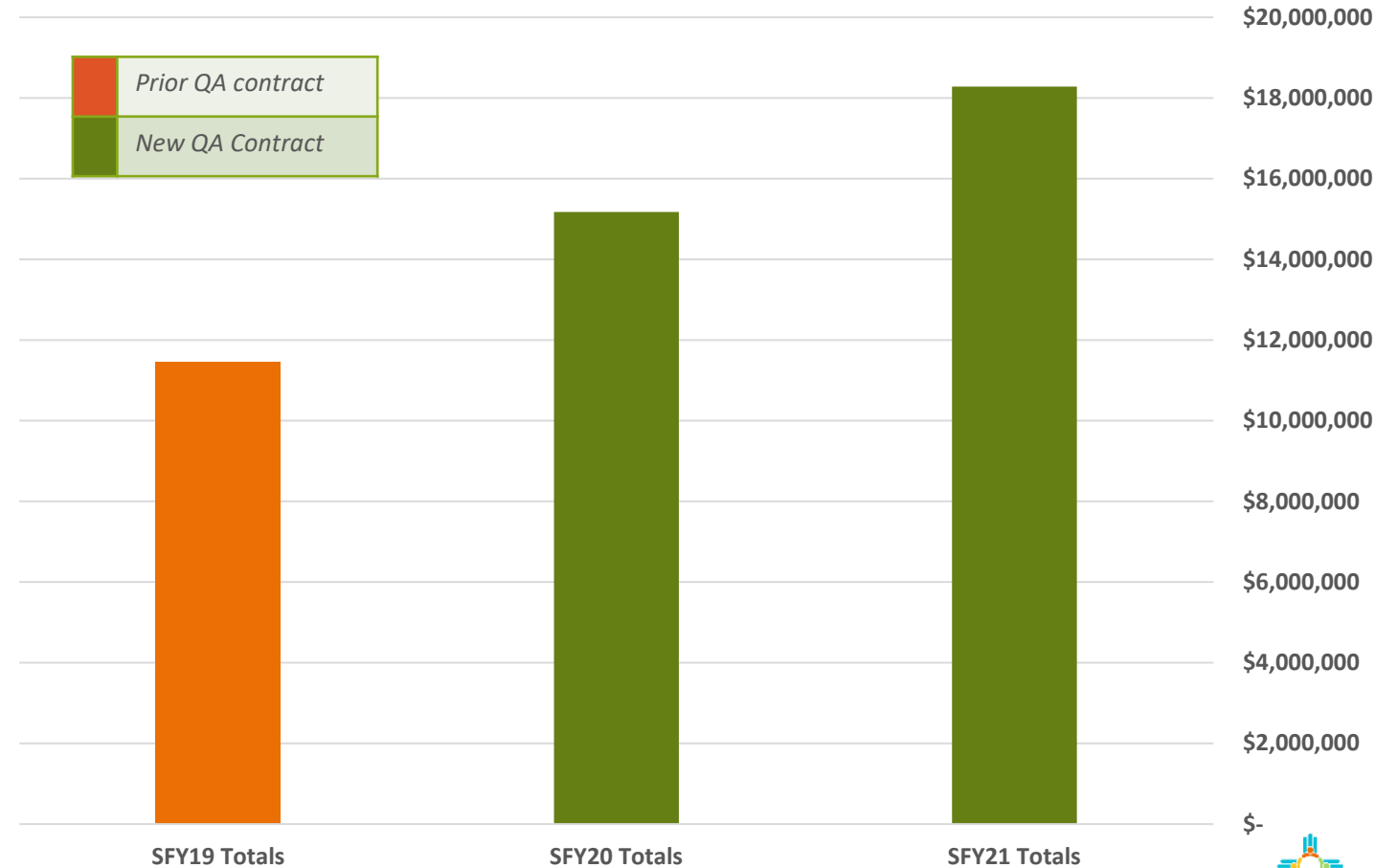

180,495 calls handled via virtual agents
1,261,524 calls handled by live agents

35,310 live chats
35,417 self-service chats
59,836 Q&A chats with virtual agents

23,535 callback requests from webchat
96,446 callback requests from voice

85 live text conversations
14,460 virtual agent text conversations

18,136 emails received

CCSC

3,341 address updates through automated chat
41 authorized rep updates through automated chat

874 password resets and **account unlocks** by virtual agents

Source: Accenture data, 6/2020 – 7/2021

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MMISR PROJECT ACCOMPLISHMENTS – QUALITY ASSURANCE MODULE

- Third-Party Liability (TPL) services under new Quality Assurance contract resulting in increased recoveries for the Medicaid program in SFY20 and SFY21.

- Additional cost avoidance services implemented May 2020 resulting $15M in savings to the Medicaid program

- Additional Recovery Audit Contractor (RAC) services implemented May 2021.

- FraudCapture (fraud case tracking) services implemented in July 2021.

- Additional recoveries from both new services will be realized in SFY22.

Quality Assurance TPL Recoveries by State Fiscal Year (SFY)

Prior QA contract

New QA Contract

| | SFY19 Totals | SFY20 Totals | SFY21 Totals |

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MMISR PROJECT ACCOMPLISHMENTS

- Migrated enrollment functionality from prior MMIS to ASPEN system

- Implemented real-time eligibility for Medicaid applications

- Mapped over 400 Medicaid business processes and designed 50 future state journeys

- Created 5 end-to-end lifecycle views to ensure consistency across stakeholders (providers, customers, staff, MCOs, and external partners)

- 7 Module Functionality Views completed to highlight needs for each MMISR module

- Secured conditional project funding approval from federal partners for the December 2020 Advanced Planning Document (APD)

- Leveraged technology to implement electronic document management for the HSD Child Support Enforcement Division

- Completed 101 Joint Application Design/Joint Application Requirements (JAD/JARs) sessions to date with Data Services vendor for production of federally required reports and new dashboards and data analytics

- Launched a Vendor Management Academy and Playbook specific to MMISR contract performance and negotiations

- Completed a detailed Enterprise Project Schedule (EPS) with interagency timelines and interdependencies, and 30/60/90-day lookaheads for project leadership

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MMISR TIMELINE

Legend
- 🟠 Customer
- 🟣 Provider
- 🔵 Funding
- 🟢 Employee
- 🔵 Infrastructure
- 🟡 Contracts
- 🔶 Medicaid Functionality Complete
- 🔴 Adverse Events
- 🔷 Agency Integration Complete
- 🟤 Inter-Agency

Pre-2020
- 🟢 Migrated Enrollment functionality from prior MMIS to ASPEN system
- 🟣🟢🟠 Business Transformation Process Redesign work

2021 (top)
- 🟣🟢🟠 Data Services JADs and JARs
- 🟡 Negotiated the Unified Portal contract with vendor
- 🟡 Executed a contract, effective May 2021, with new System Integrator, Spruce Technology
- 🔵🟢 Piloted Hyland Onbase electronic document management system to two (2) child support enforcement offices
- 🔵 Secured conditional project funding approval from federal partners for the December 2020 Advanced Planning Document (APD)
- 🟢 Fraud, Third Party Liability, Recovery Audit functionality available
- 🟣🟢🟠 Contact Center Continuous Innovations available

2023 (top)
- 🔵 Children's Behavioral Health connected in Integration platform
- 🟣 **Provider Management System for Medicaid providers available**
- 🟣🟢🟠 Continuous Improvements to Unified Portal available
- 🟣 **New Claims System; Pharmacy Benefits Management available**
- 🔵 Quality Assurance Module, Financial Services Module, Provider Management Module connected in Integration platform; **shared IT services available for Enterprise**

2025 (top)
- 🟠🟢 360 Customer View Reports available; ad-hoc & public-facing reports for Enterprise available
- 🟣 Provider Management Module available for Enterprise use
- 🟣🟢🟠 Continuous Improvements to Unified Portal available
- 🔵 Contact Center connected in Integration platform

Timeline axis
Pre-2020 — 2020 — **COVID-19 Pandemic** — 2021 — 2022 — 2023 — 2024 — 2025 — 2026
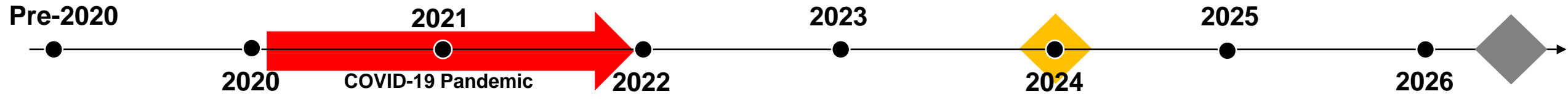
2020 (bottom)
- 🔵🟣🟢🟠 Contact Center available
- 🟣🟢🟠 Business Transformation Process Redesign work continues
- 🟤 Contact Center implemented for ECECD
- 🔴 SI Termination

2022 (bottom)
- 🟢 Data Warehouse, Operational Data Reports & Dashboards available
- 🟤🟣🟢🟠 Enhanced use of Contact Center for ECECD; Continuous Innovations available
- 🔵 Integration Platform available
- 🟠 **Enhanced Customer Portal Experience for HSD programs available**
- 🟢 Legacy support of Omnicaid transitioned
- 🟣🟢🟠 **Children's Behavioral Health Module available**
- 🔴 Pandemic winddown activities

2024 (bottom)
- 🔵 **Master Data Management for Enterprise available; Data Services Module connected in Integration platform**
- 🟣 Provider Management Module available for HSD use
- 🟢 HSD programs data analytics, federal reporting & outcomes-based reporting available

2026 (bottom)
- 🔵 Integration platform available for further integration of Enterprise agency data
- 🟣 Financial Services Module available for Enterprise use
- 🟠🟣🟢 Continuous Improvements to Unified Portal available

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QUESTIONS AND COMMENTS?

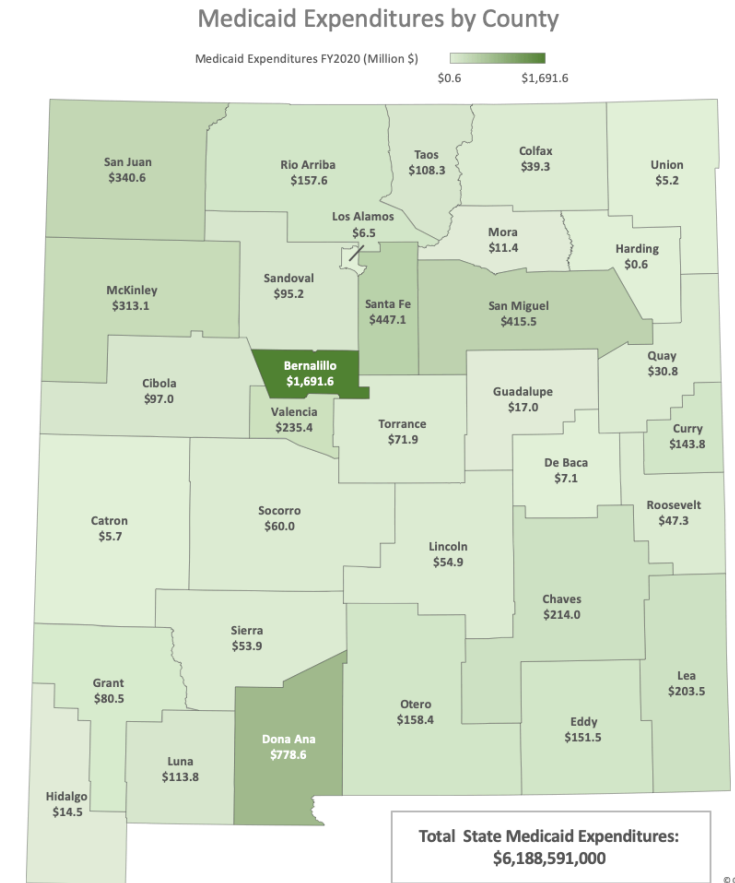*INVESTING FOR TOMORROW, DELIVERING TODAY.*

APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

GUIDING MEDICAID PRINCIPLES

▪ NM has the highest population percentage covered by Medicaid, which creates a greater NM HSD responsibility to our healthcare market and to fair payments.

▪ The overwhelming majority of federal CMS dollars must be spent on providing direct services to Medicaid beneficiaries.

▪ HSD aims to optimally leverage federal funds to improve the health of New Mexicans, while maintaining <u>strict</u> compliance with the law.

Medicaid Expenditures FY2020 (Million $)

County	Amount
BERNALILLO	$1,691.6
DONA ANA	$778.6
SANTA FE	$447.1
SAN MIGUEL	$415.5
SAN JUAN	$340.6
MCKINLEY	$313.1
VALENCIA	$235.4
CHAVES	$214.0
LEA	$203.5
OTERO	$158.4
RIO ARRIBA	$157.6
EDDY	$151.5
CURRY	$143.8
LUNA	$113.8
TAOS	$108.3
CIBOLA	$97.0
SANDOVAL	$95.2
GRANT	$80.5
TORRANCE	$71.9
SOCORRO	$60.0
LINCOLN	$54.9
SIERRA	$53.9
ROOSEVELT	$47.3
COLFAX	$39.3
QUAY	$30.8
GUADALUPE	$17.0
HIDALGO	$14.5
MORA	$11.4
DE BACA	$7.1
LOS ALAMOS	$6.5
CATRON	$5.7
UNION	$5.2
HARDING	$0.6

Medicaid Expenditures by County

Medicaid Expenditures FY2020 (Million $): $0.6 – $1,691.6

Total State Medicaid Expenditures: $6,188,591,000

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Source: NM Human Services Department Medical Assistance Division Estimates. Total State Medicaid Expenditure estimate includes expenditures from unknown counties not shown in map.

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HHS 2020 VISION AND SHARED GOALS

HHS 2020 Vision

The vision of the HHS 2020 initiative is to create a highly responsive and effective health and human services system to improve the health and well-being of all New Mexicans.
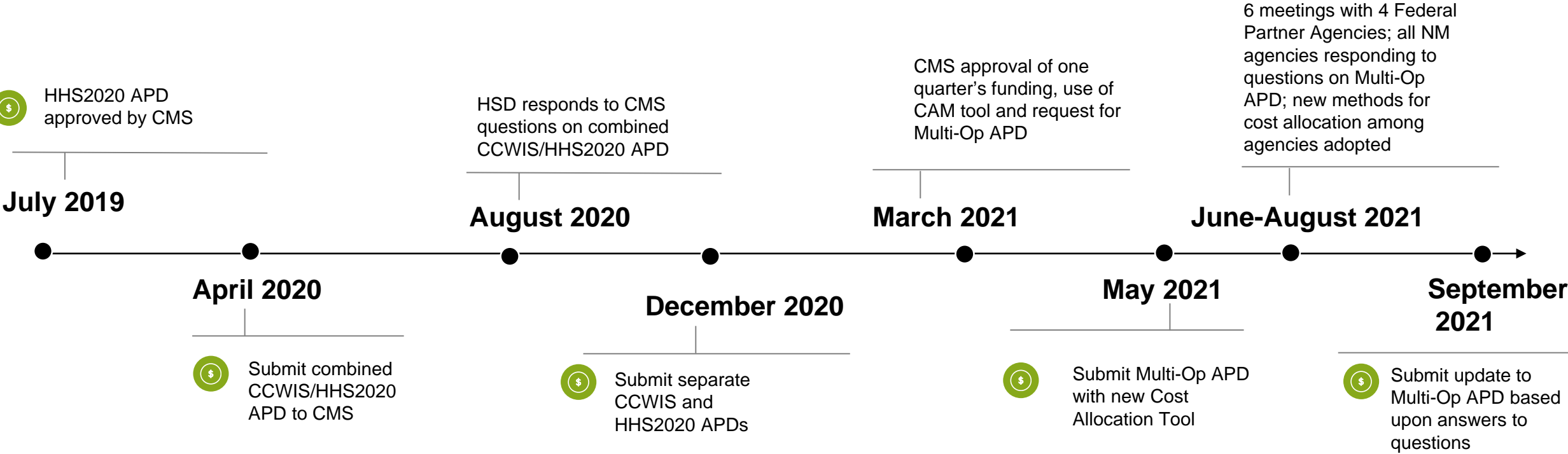
HHS 2020 Shared Goals

- Design a customer centered and customer responsive system to make it easy for people to enroll, renew benefits and access services

- Utilize a population profile with robust data analytic capabilities to guide policy and program investments

- Optimize interdepartmental collaboration

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MODULE DESCRIPTIONS

- System Integrator – a Service-Oriented Architecture (SOA) Integration Platform including an Enterprise Service Bus (ESB) to integrate the discrete modules and enable them to function as a single cohesive system

- Data Services – Enterprise data warehouse, analytics capability, and business intelligence

- Quality Assurance – Third Party Liability (TPL), Recovery Audit Contract (RAC), Fraud and Abuse Detection, and Quality Reporting

- Financial Services – the centralized engine to adjudicate and process claims and capitation payments, pharmacy benefit management, data exchange, and reporting

- Provider Management (formerly Benefit Management Services) – streamlined solution for enrolling and managing providers

- Care and Case Management Services – Care and case management solution supporting multiple programs across health and human services state agencies

- Unified Public Interface – providing new web-based self-service tools and an enhanced, cross agency customer service center to act as a single point of entry for customers and providers

- Children's Behavioral Health Authority (CBHA) is made up of modules for Licensing and Placement, Therapeutic Care Coordination, Community Care, Legal, Eligibility, Payments, Community Crisis Response, and Intake*

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MMISR PROJECT CHALLENGE: MULTI-OPERATIONAL APD HISTORY

July 2019 — HHS2020 APD approved by CMS

April 2020 — Submit combined CCWIS/HHS2020 APD to CMS

August 2020 — HSD responds to CMS questions on combined CCWIS/HHS2020 APD

December 2020 — Submit separate CCWIS and HHS2020 APDs

March 2021 — CMS approval of one quarter's funding, use of CAM tool and request for Multi-Op APD

May 2021 — Submit Multi-Op APD with new Cost Allocation Tool

June-August 2021 — 6 meetings with 4 Federal Partner Agencies; all NM agencies responding to questions on Multi-Op APD; new methods for cost allocation among agencies adopted

September 2021 — Submit update to Multi-Op APD based upon answers to questions

APD Submitted for Funding

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MMISR Project Goals for Customers & Partners

Connect:

- With our **customers** and **partners** in the easiest and most accessible ways for them
- With our **staff** and **providers** so they have the information they need to better serve our customers.

Streamline:

- Eligibility processes for customers to make it easier to apply for and renew benefits
- Enrollment and billing processes for providers to make it easier to serve patients
- Manual and paper processes through automation

Coordinate:

- Program **eligibility** and **services** across agencies to improve access and make it easier for customers, partners, staff, and providers
- **Data** and **information** so we can make better, more informed decisions and understand our customers' needs.

Measure:

- Use better, more coordinated and more complete data and information to **improve health outcomes**
- Use new analytics to monitor the d**elivery of care** and **assure accountability** across the system

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Our customers are saying...

How can I get in touch with you when I'm at work?

Can I get a reminder about things I have to do to keep my Medicaid and SNAP?

Is there anyone who can help me coordinate behavioral health services for my son?

How can I access all the programs I need for my family?

Can I apply for all kinds of Medicaid, including waivers, in one place or do I have to go to different agencies?

Why is there so much paperwork involved when applying for benefits? Where can I find a doctor in my community?

It's great that I have Medicaid but if there are no doctors that have appointments available, what good does it do me?

Why do I have to fax timesheets in for allowed services that are delivered in my home?

Why do I have to manually sign and approve timesheets for personal care

services in my home?

Paper processes and checks make it really hard for me to manage my self-directed budget.

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Our providers are saying...

How can I check a patient's Medicaid eligibility without calling?

Where can I get the information I need about my patients so I can serve them better?

Is there a place that providers can log in to find information about my patients and the status of claims?

How can I help my patients coordinate services between state agencies?

Why don't state agencies share the information that my patients need to know to access services?

Why on earth do I need to enroll as a provider with different divisions for services that are all part of HSD?

By requiring me to register separately as a provider for Medicaid and non-Medicaid services, you're taking time that I can spend with my patients.

I didn't get into medicine to fill out forms and submit paperwork.

How can I be sure I am using the most current billing codes when I submit a claim?

Why does it take so long for a claim to be "rejected"? Why can't I find out right away when I submit it that something is wrong?

I really need to get claims paid more quickly. Delays in reimbursement have a huge impact on my practice.

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Our employees are saying...

How can I help customers more efficiently?

Where can I get all of the answers about different programs for our customers?

Where can we get data to help us guide decisions about programs and policies?

How can we see the impact of health interventions at a community level?

What can I use to educate people in my community about our biggest health concerns?

I don't always know what a provider is "missing" in the enrollment, re-enrollment or credentialing process so I can't help them effectively.

I'm not sure what to tell providers when they ask things like "how many times do I have to submit this" or "can you forward that information on to the MCO since they just asked for it, too?".

Can't we find a way to automate some of these manual steps and share information better?

How can we assure program integrity?

How do we know that we're having a positive impact on our customers' health and well-being through the programs we offer?

I spend all day on manual processes and workarounds in the system. When can we automate this stuff?

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Goals overview

Connect

- With our **customers** and **partners** in the easiest and most accessible ways for them
- With our **staff** and **providers** so they have the information they need to better serve our customers.

The **Consolidated Customer Service Center (CCSC) (go-live summer 2020)** - single point of access for customers and providers to get information using multiple technology channels.

The **Unified Portal (UP) (in contract negotiations)** - extend improved access to HSD programs for customers through user-friendly, mobile-first online application programs and improved public-facing websites. Will also include an Internal Worker Portal (IP) to allow state staff to see information that will help them work more efficiently across programs to better serve our customers.

Coordinate

- Program **eligibility** and **services** across agencies to improve access and make it easier for customers, partners, staff, and providers
- **Data** and **information** so we can make better, more informed decisions and understand our customers' needs.

The **System Integrator (SI) (go live June 2021)** - acts as a central hub that allows data, information, and applications to flow across multiple platforms and agencies to provide more coordinated access to benefits and programs. **In late 2021**, HSD programs will be the first to be available in the SI with CYFD, ALTSD, DOH, and ECECD following in 2023 to ensure coordinated efforts across all agencies.

Care/Case Management Services (CCMS) – will offer providers a holistic view of their client's needs and services across agencies. The big-picture view ensures New Mexicans are getting all the services they need when they need them.

Streamline

- Billing and enrollment processes for providers to make it easier to serve patients
- Manual and paper processes through automation

Provider Management System (in contract negotiations) - will function as a one-stop enrollment hub for providers to enroll, reenroll, and become credentialed to provide services for multiple programs and to track where they are in the process.

Financial Services (FS) (in contract negotiations) - will improve the billing process for providers and allow for more real-time capture of claims data. In doing so, FS will make it possible for providers to focus less on billing and more on their clients.

Measure

- Use better, more coordinated and more complete data and information to **improve health outcomes**
- Use new analytics to monitor the **delivery of services** and **assure accountability** across the system

Quality Assurance (QA) (live since 2020) - will provide tools to measure health outcomes and quality data, while also ensuring program integrity.

Data Services (DS) (tools available in early 2022) – will utilize claims, provider registrations, geographic access, and data analytics to drive decisions regarding population health. The first of the quick-view dashboards will be equipped with drill-down capabilities that will allow for customer views across programs.

Children's Behavioral Health Authority (CBHA) (live in 2021) - will provide new tools to help monitor and coordinate BH care, services, and outcomes to better serve New Mexico's most vulnerable youth.

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Connect

I have SNAP and Medicaid. When I have questions about my benefits, I want to be able to get answers quickly the way I want to get them. I work during the day so it's hard for me to call. *I can get the information I need, not just by phone, but also online, by email or chat,* so I don't have to stress. When I get text reminders about upcoming appointments and due dates, I go to the client portal and log in to my account. *I can see exactly what I need to do to keep my Medicaid and SNAP benefits for me and my family.* With the help of the Children's Behavioral Health Authority, *I've been able to coordinate and get more behavioral health services for my son*. And, because of the information they can see and share about his treatment, *I know his providers can finally see the "big picture" and make sure he's getting the treatment he needs and deserves.*

As a Medicaid provider, I've often felt that I don't have all the information I need about my patients to meet their needs. I also had to spend so much of my time dealing with the business side of my practice, that my patients suffered. *By making it easier for me to get eligibility, enrollment, and treatment information about clients through the CCSC and the expanded provider portal, I can spend more time giving great care to my patients.*

As an ISD eligibility worker, it used to take a lot of time to get information for customers when they were asking for it. Sometimes we had to go to all these different systems to get answers or call or email staff in other divisions or agencies because we didn't have access to some of their systems. *Through the Internal Portal, answers are always just a click away. It means I can actually help our customers faster and get them the information they need when they need it.* Less searching for information means that I can actually process more applications efficiently.

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Coordinate

A few years ago, my mom got sick and had to move in with me and my family. I tried to get her Medicaid and it took forever because they said she needed to be on a "waiver" program. I thought Medicaid was Medicaid and I just had to go to HSD and apply like I did for my kids. That wasn't how it worked at all. There was a lot of going back and forth and calls to HSD and the ALTSD. They said they had different systems so I had to do a ton of paperwork. *I can apply for all kinds of Medicaid using the same system and when I have to renew my mom's Medicaid or do anything on her case, I don't get the runaround.*

I have some patients that are foster parents. They're great people and have had some kids with significant behavioral and physical health needs. In the past, I saw them struggle trying to coordinate services, or even get access to information, between HSD and CYFD. It was hard for me to help them. It seemed like we all spent so much time getting bounced back and forth from one agency to the other because each agency could see one part but not the other. *The information is accessible. I don't have to make a dozen calls to find out what coverage or MCO the kids have. Most importantly, the foster parents don't have to worry that they won't be listed as an "authorized representative" when they call.*

I work in the Quality Bureau at Medicaid. When Medicaid clients get services, we can use that data to tell us where we might need improvements or health interventions. *Looking at data, we have access to information regarding the health of our customers at a granular community level. With data and information shared across agencies, we can take community health to the next level and improve the overall health and well-being of all New Mexicans.*

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Streamline

I get Medicaid through the Self-Direction program. I like it because I get to manage my own budget and get the services and support I need. But it was also a lot of manual work. There was a lot of handwritten timesheets that had to get turned in for personal care people that came into my home. Then I had to review them and fax them in. *With Electronic Visit Verification (EVV), people can check in and out electronically when they come into my home to provide services. It is so much easier to track worker time and manage my budget.*

As a busy primary care provider, I don't have time to spend hours every day doing billing paperwork and trying to figure out how to get my claims paid. It's possible to spend hours on the phone each day trying to sort out reimbursement between HSD and all of the different MCOs! *The new claims payment system provides me with an improved process for submission of my claims and provides better visibility into the status of my claims.*

As a Medicaid provider enrollment staff member, I know it's not always easy to be a Medicaid provider in New Mexico. The enrollment process has always had a lot of steps and it's hard to track where you are in the process. First, you have to enroll with the state, and then if you're contracting with one or more MCO, you also have to credential with *each* one that you're contracted with. It was difficult for providers but it also took a lot of staff time. A lot of the processes were manual and time-consuming. *The steps are automated and we have tracking tools, we can actually help providers enroll more quickly and efficiently so they can start serving Medicaid patients sooner.*

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Measure

I'm a mom of a young child with autism and the system seems so siloed and uncoordinated – it's intimidating and I'm not sure where to turn. ***HSD was able to help me get my son enrolled into all of the programs he needs, and the new BH monitoring system makes sure that there's accountability in the system so I'm sure my son is getting the early intervention care he needs.***

As a BH provider, one thing we need in this state is coordinated data analytics so we understand our patient's needs, where they are, and can provide interventions to actually move the needle on social determinants of health. ***The new data services and analytics that are available mean that I can drill down to a community and patient-level to see what I can do to actually have a positive impact on health outcomes and the well-being of my patients.***
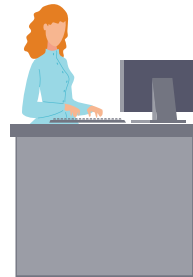
Quality measures help us get the big picture view of the impact our programs are having on the people we serve. ***We can measure the efficacy of the programs and their impact on the lives of our clients. In doing so, we can grow and evolve our programs so that they continue to be as impactful as possible.***

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Timeline

Q3 2020: A single point of access for clients and providers to get information in multiple channels from all HSD offices through the Consolidated Customer Contact Center.

Q3 2020: Phase 1 of new tools for HSD workers for Medicaid program to improve efficiency and cost effectiveness.

Q1 2021: Phase 2 of new tools for HSD workers for Medicaid program to improve efficiency and cost effectiveness.

Q1 2021: Phase 1 of to technology that allows the electronic reporting of hours spent delivering in-home personal care services to some individuals.

Q3 2021: new tools for HSD workers for fraud capture, recovery audit functions and analytics for Medicaid program efficiency.

Q3 2021: Full functionality of tools for electronic reporting of in-home personal care.

Q4 2021: Improved HSD public-facing websites.

Q3 2022: Children's Behavioral Health Authority (CBHA) provides tools to help monitor and coordinate care, services, and outcomes to better serve New Mexico's most vulnerable youth.

Q4 2022: Mobile-first applications available.

Q1 2023: Tools to ensure program integrity and provide improved monitoring offer a view into client services through centralized data warehouse.

Q1 2023: Quick-view dashboards allow for client views across programs at a community level through centralized data warehouse.

Q1 2023: A central hub that allows data, information, and applications to flow across multiple platforms and agencies to provide more coordinated access to benefits and programs.

Q1 2023: Data warehouse online to enable reporting, data analysis, and informed decision making.

Q3 2023: Simplified claims process for providers and streamlines the billing and reimbursement functions for Medicaid, non-Medicaid and pharmacy claims.

Q4 2023: A one-stop enrollment hub for providers to enroll, reenroll, and become credentialed to provide services for multiple programs

Q4 2024–Q4 2025: continued integration with other HHS 2020 agencies enables 360° customer view.

Q4 2026: Tools to allow providers to see service-level information from multiple state agencies that will allow them to see a holistic view of their client's needs and services.

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DEMONSTRATING SUCCESS WITH TECHNOLOGY
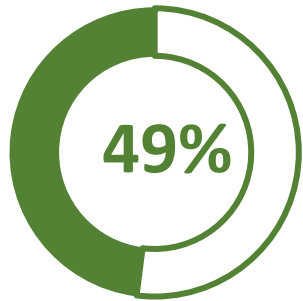
49% New Mexicans served by HSD programs

Increase in caseload and individual served since 2013

68%

488K
Applications Processed in SFY 2021

3.5M
Changes in Circumstance Processed in SFY 2021

485K
Renewals Processed in SFY 2021

Benefits Issued in SFY 2021

$1.2B SNAP

$58M Cash Assistance

$23M LIHEAP
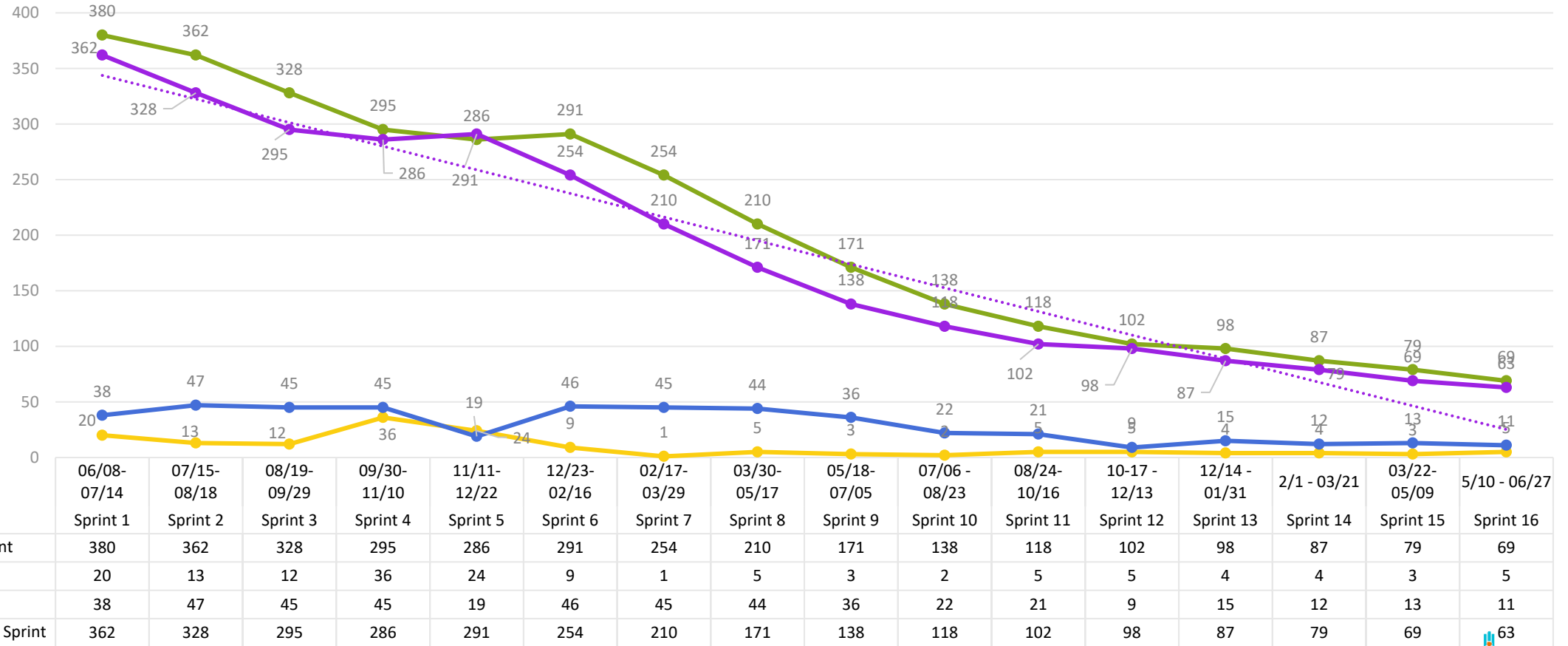
969K Enrolled in government-provided health coverage

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DEMONSTRATING SUCCESS WITH TECHNOLOGY

ASPEN System Defects Burndown Trend

	06/08-07/14 Sprint 1	07/15-08/18 Sprint 2	08/19-09/29 Sprint 3	09/30-11/10 Sprint 4	11/11-12/22 Sprint 5	12/23-02/16 Sprint 6	02/17-03/29 Sprint 7	03/30-05/17 Sprint 8	05/18-07/05 Sprint 9	07/06-08/23 Sprint 10	08/24-10/16 Sprint 11	10-17-12/13 Sprint 12	12/14-01/31 Sprint 13	2/1 - 03/21 Sprint 14	03/22-05/09 Sprint 15	5/10 - 06/27 Sprint 16
Defects at Start of Sprint	380	362	328	295	286	291	254	210	171	138	118	102	98	87	79	69
Reported In Sprint	20	13	12	36	24	9	1	5	3	2	5	5	4	4	3	5
Closed In Sprint	38	47	45	45	19	46	45	44	36	22	21	9	15	12	13	11
Total Defects at End of Sprint	362	328	295	286	291	254	210	171	138	118	102	98	87	79	69	63

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RESOURCES – HIRING UPDATE

EPMO staffed a hiring coordinator position to assist Medical Assistance Division (MAD)
- Hiring Coordinator and HSD Contract Manager working closely together to define the staff aug contracting process

Wave 1 – For a September/October 2021 Onboard
- 10 resources

Wave 2 – For a March 2022 Onboard
- 19 MAD resources
- 7 ITD resources

State Staff Hiring Update			
	Total	Filled	In Process
MAD State Positions*	17	9	8
MAD Staff Aug Positions *(to be filled by March 2022)*	29	0	10
ITD State Positions	5	5	0
ITD Staff Aug Positions	7	0	7

*will continue in HSD FTE search but will also be included in Staff Aug Hiring list

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ENTERPRISE PROJECT SCHEDULE

- Established updated Enterprise Project Schedule after Project Diagnostic assessment on challenges completed and approved

- Added Executive Summary section for 60, 120 and 120+ day lookaheads

- Detail included for modules, Department, partner agencies, and overlapping interdependencies

- Schedule report provided to Leadership and Executive Steering Committee monthly

Task Name	Duration	Start	Finish
2021_08_06_EPS	**2545 days**	**Wed 9/14/16**	**Mon 8/31/26**
Diagnostic Alignment Reset	0 days	Wed 3/3/21	Wed 3/3/21
Executive Summary	**279 days**	**Tue 4/6/21**	**Wed 5/11/22**
Outcomes Based Certification (OBC)	**51 days**	**Mon 3/8/21**	**Mon 5/17/21**
Information Technology Division (ITD) Staff Aug Resource Contracts	**829 days**	**Thu 4/15/21**	**Fri 6/28/24**
Advanced Planning Document (APD) Tasks	**148 days**	**Fri 2/26/21**	**Fri 9/24/21**
C2 Funding	**1369 days**	**Thu 5/20/21**	**Mon 8/31/26**
Executive Leadership Meetings	**200 days**	**Wed 3/3/21**	**Thu 12/16/21**
Executive and Leadership Decisions	**302 days**	**Mon 2/1/21**	**Fri 4/8/22**
MMISR Human Services Department (HSD) Staff Aug Positions	**60 days**	**Tue 8/31/21**	**Tue 11/30/21**
MMISR Human Services Department (HSD) Schedules	**289 days**	**Mon 8/10/20**	**Fri 10/1/21**
MMISR Business Transformation Council (BTC)	**480 days**	**Thu 12/20/18**	**Mon 11/16/20**
MMISR Operational Steering Committee (OSC)	**58 days**	**Tue 6/1/21**	**Fri 8/20/21**
MMISR Organizational Change Management (OCM)	**138 days**	**Mon 2/8/21**	**Fri 8/20/21**
MMISR Original SI Work Completed	**804 days**	**Fri 2/17/17**	**Wed 4/29/20**
MMISR System Integrator (SI)	**1311 days**	**Tue 3/2/21**	**Fri 3/20/26**
MMISR Data Services (DS)	**1782 days**	**Mon 6/18/18**	**Thu 6/5/25**
MMISR Financial Services (FS)	**1073 days**	**Thu 6/27/19**	**Wed 9/13/23**
MMISR Benefit Management Services (BMS)	**1060 days**	**Wed 8/21/19**	**Wed 10/18/23**
MMISR Care and Case Management Services (CCMS)	**1594 days**	**Wed 8/21/19**	**Tue 11/4/25**
MMISR Unified Portal (UP)	**1208 days**	**Tue 12/1/20**	**Fri 8/1/25**
MMISR Quality Assurance (QA)	**1189 days**	**Thu 12/12/19**	**Wed 7/31/24**
MMISR Consolidated Customer Service Center (CCSC)	**1331 days**	**Mon 11/12/18**	**Mon 2/5/24**
MMISR MarkLogic Subcontract	**134 days**	**Fri 7/17/20**	**Mon 2/1/21**
HHS2020 Enterprise Initiatives	**149 days**	**Wed 9/23/20**	**Wed 4/28/21**
Children, Youth & Families Department (CYFD) MMISR Modules	**830 days**	**Thu 10/1/20**	**Wed 12/27/23**
MMISR APIs and Interoperability DEADLINES	**232 days**	**Sat 5/1/21**	**Fri 4/1/22**
Original HHS2020 Schedule from Project Inception to EPS	**774 days**	**Wed 9/14/16**	**Fri 10/11/19**

MEASURING SUCCESS - PROJECT METRICS

- Established standard Project Management Institute (PMI) metrics to track the MMISR project and the modules performance:
  - Earned Value
  - Schedule Performance Index
  - Cost Performance Index

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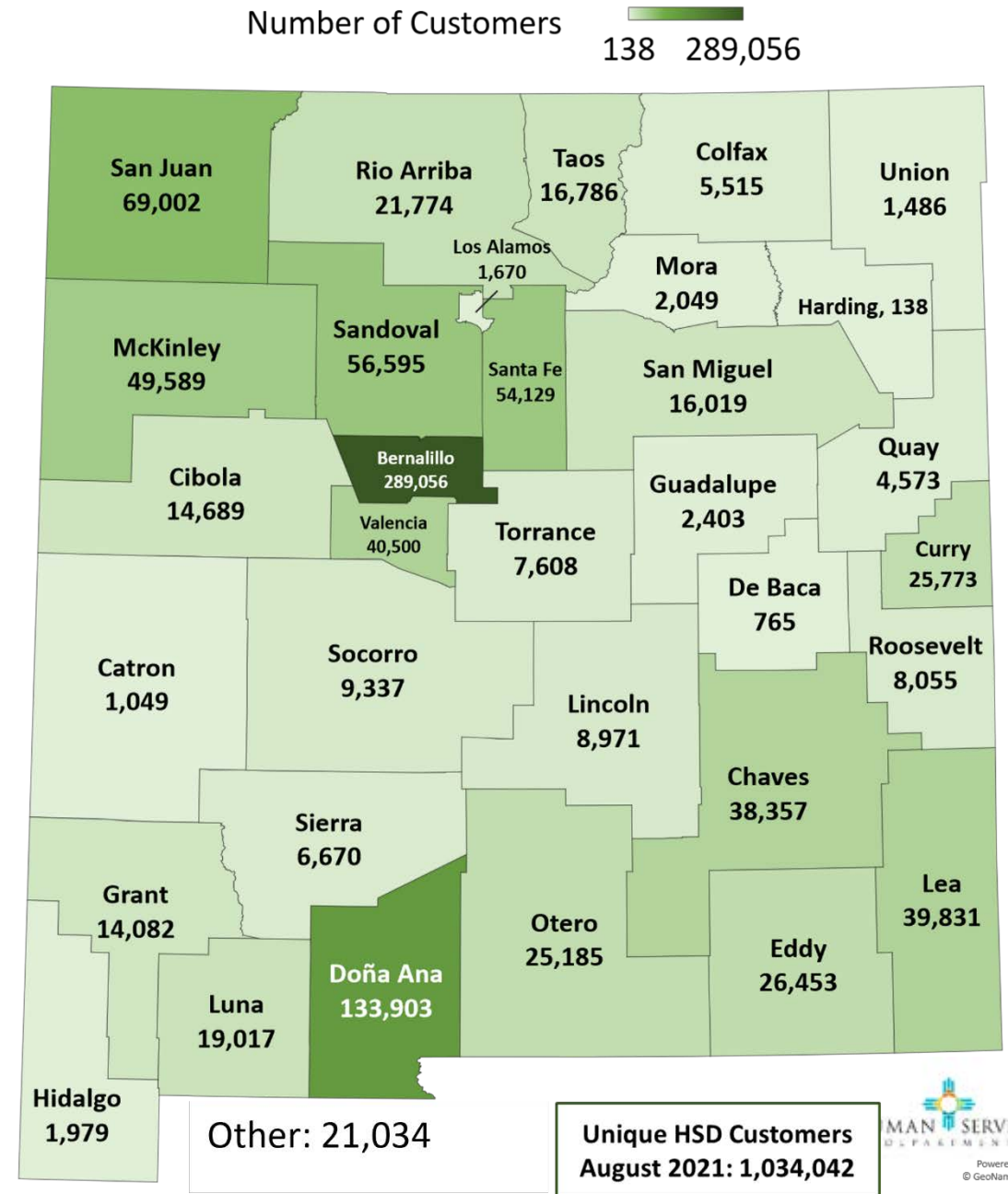
MEASURING SUCCESS - PROJECT METRICS

Pre-Project Diagnostic Metrics *(9/16-2/21)*

	% Complete As of 8/20/21 EPS	% Time Elapsed As of 8/20/21 EPS	Budget at completion (BAC)	Planned Value (PV = %time elapsed*BAC)	Actual Cost (AC) As of 6/30/21	Earned Value (EV = %complete*BAC)	Cost Performance Index (CPI = EV/AC)	Schedule Performance Index (SPI = EV/PV)
MMISR	32%	50%	$ 346,319,820	$ 173,159,910	$ 125,824,551	$ 110,822,342	0.88	0.64

Post-Project Diagnostic Metrics *(3/21 to 8/21)*

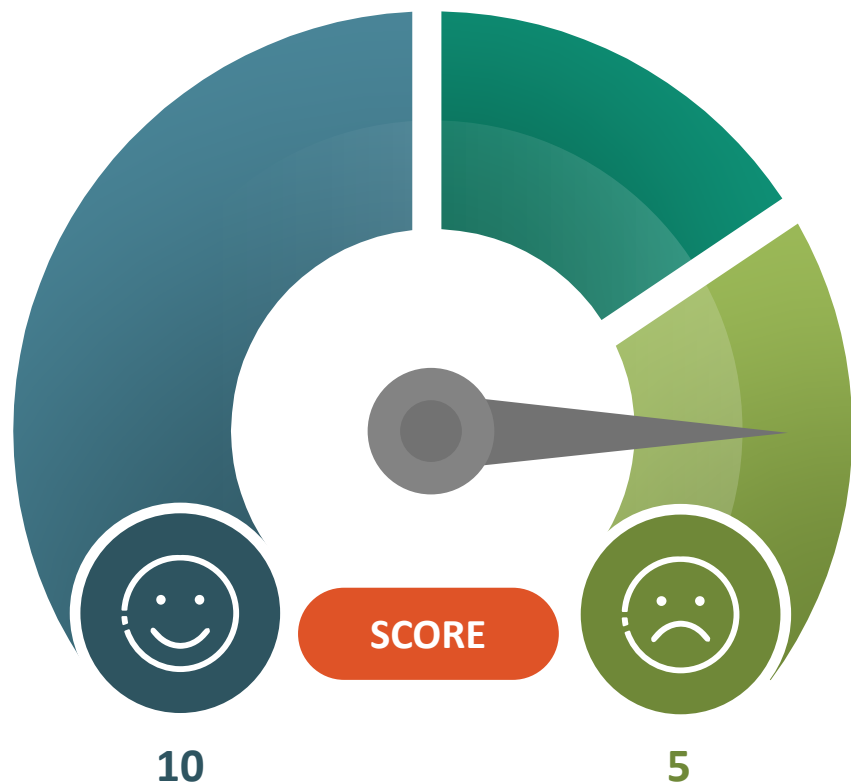|	% Complete As of 8/20/21 EPS	% Time Elapsed As of 8/20/21 EPS	Budget at completion (BAC)	Planned Value (PV = %time elapsed*BAC)	Actual Cost (AC) As of 6/30/21	Earned Value (EV = %complete*BAC)	Cost Performance Index (CPI = EV/AC)	Schedule Performance Index (SPI = EV/PV)
MMISR	10%	15%	$ 231,093,488	$ 34,664,023	$ 10,598,149	$ 23,109,349	2.18	0.67

- All actual costs from SFYs prior to 2021 were subtracted as well as 58% of the SFY21 budget
- Resultant BAC $ 231M
- The 8/20/21 version of the EPS was edited to remove as much work as possible that occurred prior to November 2021
- % complete dropped from 32% to 10%

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HSD'S PRIMARY CUSTOMER

- Primary HSD customers are those individuals who directly receive HSD benefit, program and/or service (i.e. Medicaid, behavioral health, child support, SNAP).

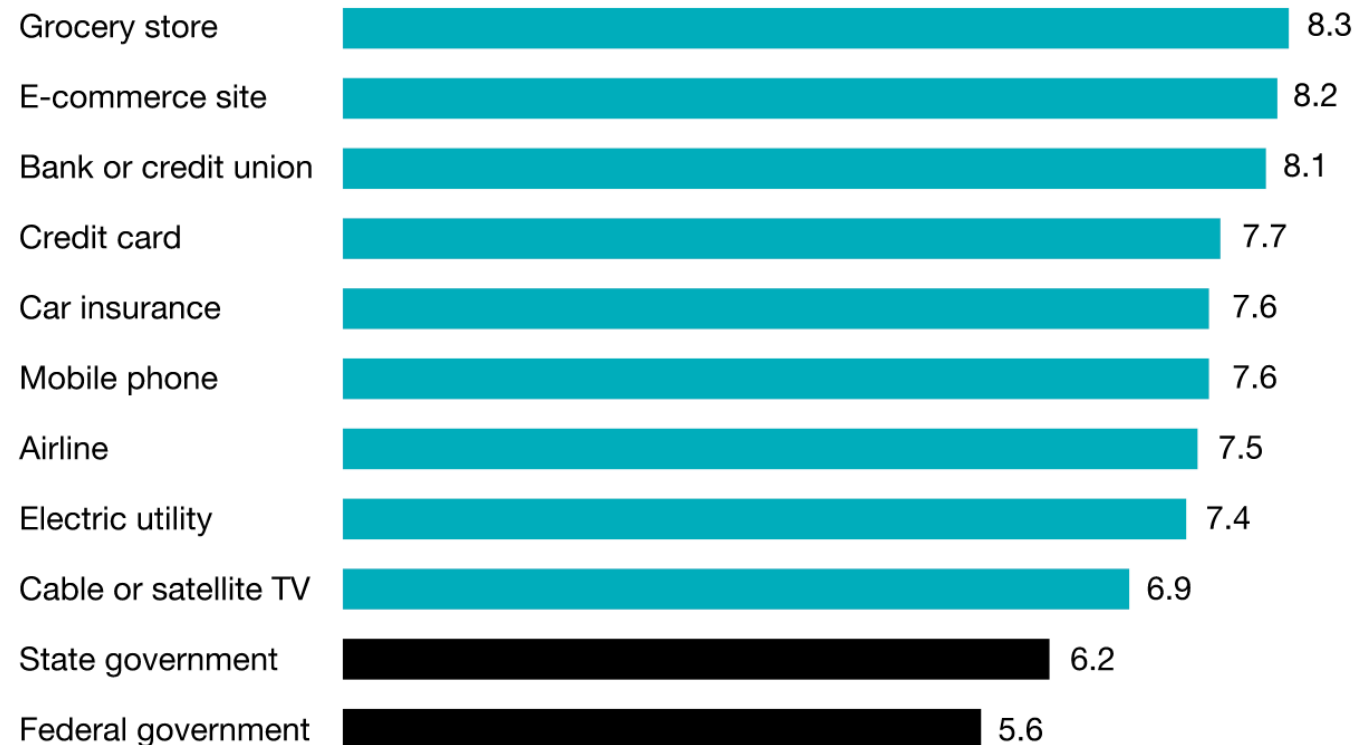- HSD partners include providers, media, legislators, state agencies, tribal communities.

Number of Customers
138   289,056

County	Customers
San Juan	69,002
Rio Arriba	21,774
Taos	16,786
Colfax	5,515
Union	1,486
Los Alamos	1,670
Mora	2,049
Harding	138
McKinley	49,589
Sandoval	56,595
Santa Fe	54,129
San Miguel	16,019
Bernalillo	289,056
Guadalupe	2,403
Quay	4,573
Cibola	14,689
Valencia	40,500
Torrance	7,608
Curry	25,773
De Baca	765
Catron	1,049
Socorro	9,337
Lincoln	8,971
Roosevelt	8,055
Chaves	38,357
Sierra	6,670
Grant	14,082
Otero	25,185
Eddy	26,453
Lea	39,831
Doña Ana	133,903
Luna	19,017
Hidalgo	1,979

Other: 21,034

Unique HSD Customers
August 2021: 1,034,042

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MEASURING SUCCESS – CUSTOMER EXPERIENCE BY INDUSTRY

The gap is widening between government and top performers; in 2016 the difference was -32%

SCORE

10

5

Industry sector

Industry sector	Score
Grocery store	8.3
E-commerce site	8.2
Bank or credit union	8.1
Credit card	7.7
Car insurance	7.6
Mobile phone	7.6
Airline	7.5
Electric utility	7.4
Cable or satellite TV	6.9
State government	6.2
Federal government	5.6

Source: McKinsey Customer Experience Journey Pulse Survey, December 2016

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MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

What is your preferred method of communication with the Human Services Department?

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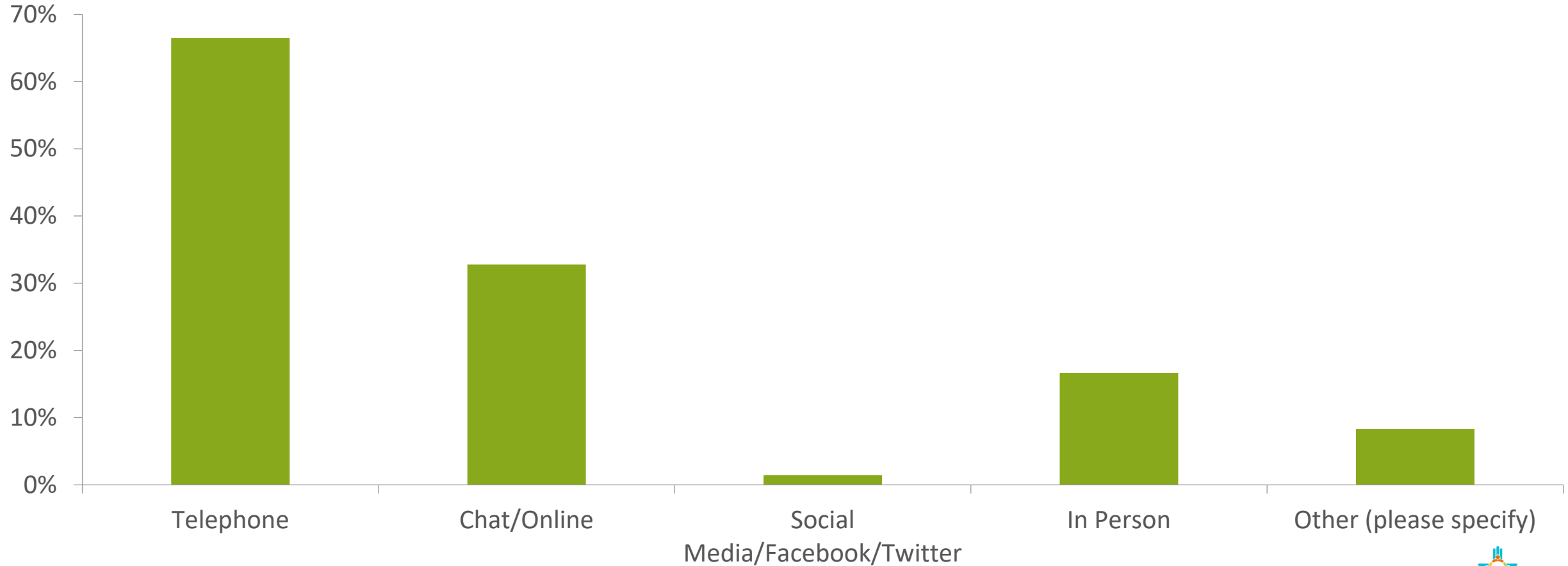
MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

I have had a positive experience with the YESNM website (https://www.yes.state.nm.us)

Chart (horizontal bar), x-axis from 0% to 45% in 5% increments:

- Strongly agree
- Agree

73.3% (combined Strongly agree + Agree)
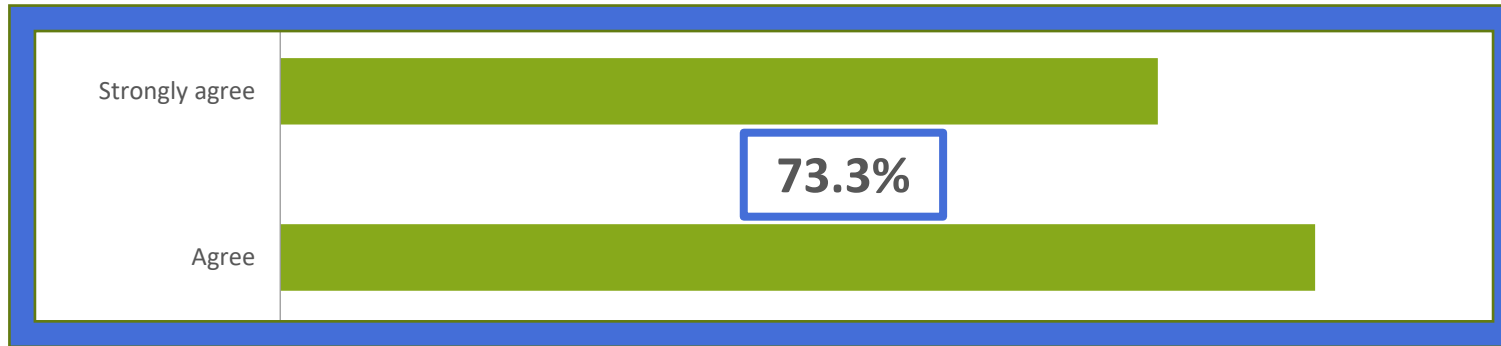
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I have never used the website

I still had to call for assistance while filling out the application. It is a confusing process but the representative was wonderful.

There needs to be an easier and faster way to looking up and open the departments the customers are needing.

I appreciate the convenience of applying and recertification options to do so on YESNM

The website is easy to use and allows me to take care of annual updates.

It would help to have an info button for each question, sometimes I don't know exactly what a question is asking.
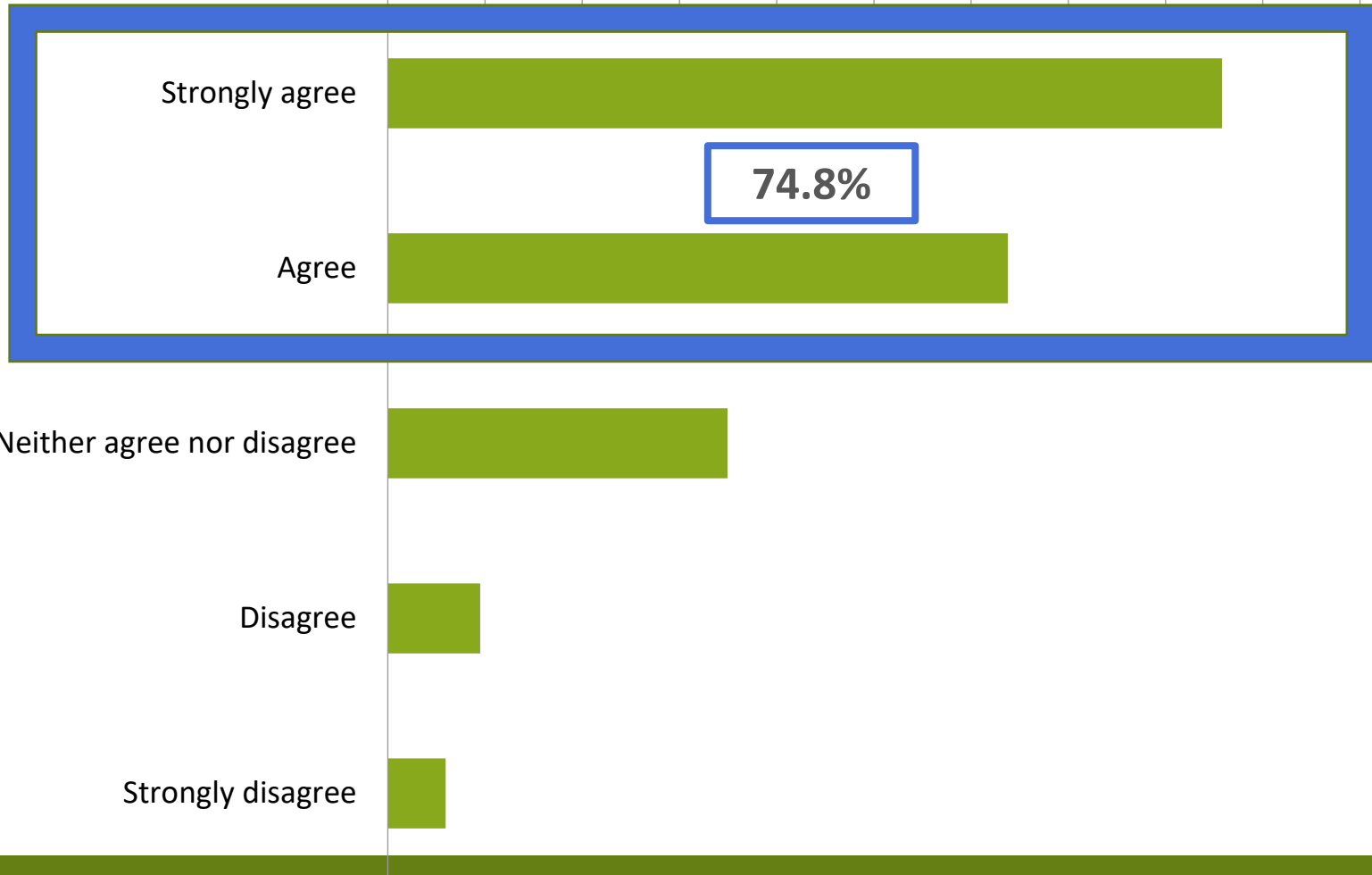
Maybe a person who can do a chat to help guide if any questions come up

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MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

I find it's easier to access my benefits on-line or by phone as compared to going into a field office.

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

- Strongly agree
- **74.8%**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I can use the website well or the phone, but it's also not difficult to go into the office. Small town, so not as busy as some offices.

Usually, I would agree but the drive-up service was really fast

I do not drive so I rely on the internet and phone

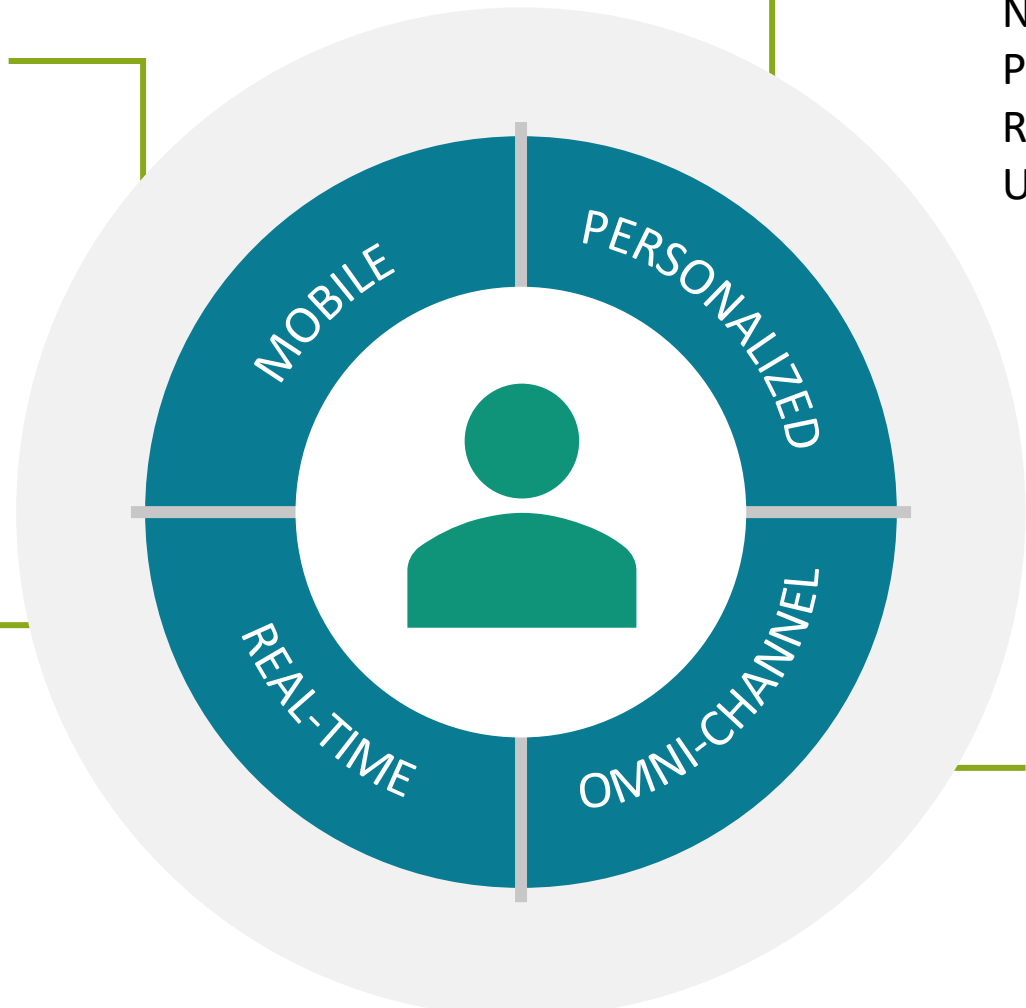Online services are the way to go. Having the site more accessible is key

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MEASURING SUCCESS - CUSTOMER EXPECTATIONS

Uber

UBER UNLOCKED A NEW WORKFORCE BY VIEWING ITS DRIVERS AS PARTNERS AND PUTTING TOOLS IN THEIR HANDS

NETFLIX

NETFLIX SUGGESTS PERSONALIZED RECOMMENDATIONS BASED ON USER HISTORY AND RATINGS

available at amazon

AMAZON REDEFINED ITS CUSTOMERS TO INCLUDE MARKETPLACE SELLERS AND REDUCED THE PURCHASE JOURNEY TO ONE-CLICK

Domino's

DOMINO'S BRIDGED THE GAP BETWEEN ITS DIGITAL AND BRICK AND MORTAR EXPERIENCE

MOBILE

PERSONALIZED

REAL-TIME

OMNI-CHANNEL

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MEASURING PERFORMANCE: HSD PERFORMANCE SCORECARD

HSD places a high priority on using data to identify key priorities, track progress, and prove effectiveness of public investments.

- HSD Performance Scorecard aligns with HSD Strategic Plan, promotes transparency and oversight, and tells HSD's story more accurately and from customers' perspective.

- Measures cover areas related to finance, growth, quality, employees, and consumer/beneficiary satisfaction.

- LFC/DFA Quarterly measures also online.

https://sites.google.com/view/nmhsdscorecard/home

As a customer, what are my chances of being provided an automated decision on eligibility for services?

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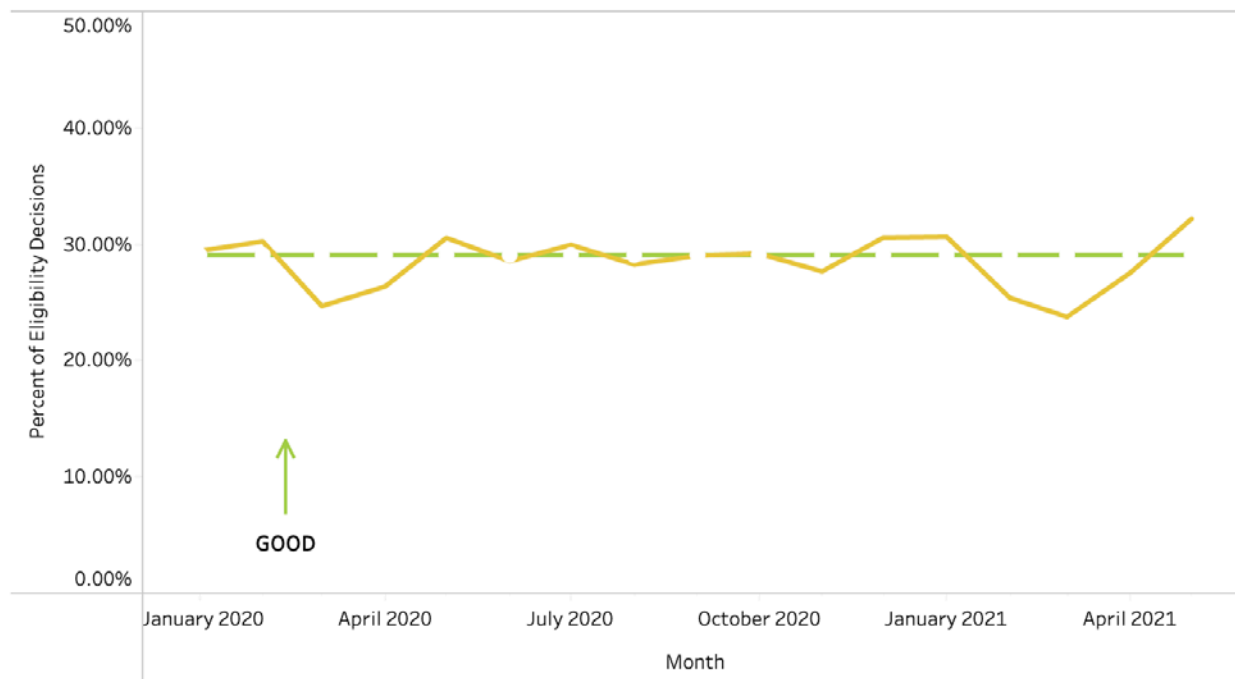
MMISR PROJECT DIAGNOSTIC ISSUES FROM JANUARY 2021

Scope

Lack of clarity on scope for modules is preventing vendors from consistent delivery.

MMISR scope has evolved over time, resulting in uncertainty around 'what success looks like'.

HSD's desired 'incremental delivery' approach to scope has not been successfully implemented by any module vendors to date.

Schedule

Lack of fully transparent schedule from start of project. New Enterprise Project Schedule shows the extent of delays across almost all activities.

Aggressive and stacked module timelines have created 'big-bang' schedule rather than a more methodical approach.

Interdependent legacy vendor contracts create need for acceleration of some components.

Resources

Have not been able to dedicate the quantity and quality of resources to the project that are needed to date.

Have not filled dedicated MMISR positions quickly.

Onboarding/training plan for dedicated MMISR positions is not completely delineated end-to-end.

Immediate action was necessary to course correct MMISR

Vendor Management

Escalation of vendor issues and risks across multiple module vendors is not happening quickly enough and at the right levels of project leadership.

Systemic issues may be resulting in some onboarded module vendors struggling to produce needed outcomes.

Contract negotiations are taking longer than expected.

Budget

$108M has been spent (out of the original $221M budget) with only one module live.

Project is costing more than expected. Scope challenges and vendor management issues are leading to unanticipated budget problems.

Have not successfully demonstrated the value of services purchased so far.

Governance

Have not consistently communicated issues and risks with the Executive Steering Committee

Unclear roles and engagement expectations across multiple governance committees have led to inefficient decision-making

No single dedicated 'owner' identified for MMISR with authority to make major decisions for project and to remove barriers agency-wide

HHS 2020 agency CIOs validated many of these issues from their perspectives – especially around scope, budget, and resources

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WHAT'S NEXT

- Establishment of an Operational Steering Committee that will enhance governance and collaboration – August 2021

- Negotiations of the Financial Services module contract begin – August 2021

- Execution of the Unified Portal contract and begin DDI phase – expected September 2021

- Enhanced use of the Consolidated Customer Service Center by the Early Childhood Education and Care Department (ECECD) – October 2021

- Execution of Financial Services module contract award and begin DDI Phase – March 2022

- Negotiations of a Provider Management module contract begin – January 2022

- SI Integration Platform infrastructure complete – May 2022

- Provider Services module contract award and begin DDI Phase – June 2022

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