## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome</td>
<td>Dennis Schrader</td>
<td>Chief Operating Officer and Medicaid Director</td>
<td>Maryland Department of Health</td>
</tr>
<tr>
<td>- Purpose of MMIS Transformation Project</td>
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<td>- Key Successes</td>
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<td>- Governance</td>
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<td>- Organization</td>
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<tr>
<td>- Key Projects</td>
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<tr>
<td>2. Centers for Medicare &amp; Medicaid Services (CMS) Perspective</td>
<td>Peggy Haire</td>
<td>CMS Region III Representative</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>3. Current State</td>
<td>Herb Jordan</td>
<td>Enterprise Chief Information Officer</td>
<td>Maryland Department of Health</td>
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<tr>
<td>- Office of Enterprise Technology</td>
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<tr>
<td>- Medicaid Management Information System Transformation (MMT) Program</td>
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<tr>
<td>- Evolution</td>
<td>David Wertheimer</td>
<td>Enterprise Architect</td>
<td>Maryland Department of Health</td>
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<tr>
<td>- Medicaid Information Technology Architecture (MITA) Maturity Update</td>
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<td>- Enterprise Architecture</td>
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<td>4. Accomplishments</td>
<td>Molly Marra</td>
<td>Director, Medicaid Provider Services</td>
<td>Maryland Department of Health</td>
</tr>
<tr>
<td>- Key Projects and Partnerships</td>
<td>Eric Saber</td>
<td>Deputy Director, Care Management Integration</td>
<td>Maryland Department of Health</td>
</tr>
<tr>
<td>- Electronic Provider Enrollment and Revalidation Portal (ePREP)</td>
<td>Lindsey Ferris</td>
<td>Program Director, HIE Projects</td>
<td>Chesapeake Regional Information System for our Patients</td>
</tr>
<tr>
<td>- Long Term Services and Support (LTSS)</td>
<td>Venkat Koshanam</td>
<td>Chief Information Officer</td>
<td>Maryland Health Benefit Exchange</td>
</tr>
<tr>
<td>- Chesapeake Regional Information System for our Patients (CRISP)</td>
<td>Subi Muniasamy</td>
<td>Chief Technology Officer</td>
<td>Department of Human Resources</td>
</tr>
<tr>
<td>- Maryland Total Human-Services Information Network (MD THINK)</td>
<td>John Molnar</td>
<td>Enterprise Portfolio Manager</td>
<td>Maryland Department of Health</td>
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<tr>
<td>- CMS Advance Planning Document (APD) Process</td>
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<tr>
<td>5. Next Steps</td>
<td>John Bohns</td>
<td>Director, Procurement, Contracts and Budget</td>
<td>Maryland Department of Health</td>
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<tr>
<td>- MMT Implementation APD Update</td>
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<td>- MMT Information Technology Project Request (ITPR) Update</td>
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<td>- Procurements Update</td>
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Break ~ 15 minutes
Why Are We Doing This?

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Operational Needs for Better Outcomes

Program Integrity

Antiquated Systems

OCM and BPI

Governance Implementation

System Modernization

Influencing Factor

MMT Roadmap

Influencing Factor

MDH Vision
Customer Service
Program Integrity

CMS
Standards and Conditions
Reuse
Modularity
MITA

Concept of Operations
Governance

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Governance
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**Governance**

**Steering Committees:**

- Provide Guidance and Oversight
- Approve Initiatives
- Provide Executive Level Support
- Support Budget Requests
- Monitor Progress
- Decisions on Issue Resolution
Governance

The Executive Steering Committee conducts monthly meetings for updates and guidance.

The Executive committee is available for close coordination and frequent phone/e-mail check-ins.
Current State

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### Organization Design Criteria

- Create internal new development capability
- Build and expand project management and business analysts resources
- Create alignment for shared services
- Position enterprise IT to leverage infrastructure investments
- Design Project Management system that creates repeatable and reliable program oversight
- Create organization that allows for sustainable staffing
- Create opportunity to leap frog multiple generations of IT maturity through collaboration with MD THINK, DoIT, and MHBE
- Preserve existing Medicaid funding best practices

### Key Actions

- Measure performance and manage accountability
- Recruiting IT talent from local universities
- Identify, develop, and mentor emerging leaders in the organization
- Align capabilities and capacity
- Improve communication
- Celebrate success
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MMT Program Evolution
Initial focus on schedule and organization driven by procurement constraints

Current focus on alignment of business needs with program integrity and customer service

Timelines driven by maximizing impact to operations and the logical advancement of enterprise technologies
Old Roadmap
### MMT Roadmap Areas

<table>
<thead>
<tr>
<th>Roadmap Area</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Enterprise Technical Solutions</strong></td>
<td>- Most operationally impactful modules and support all aspects of Medicaid programs across all business areas</td>
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<tr>
<td>(ETS)</td>
<td>- Implemented first to allow the state to realize benefits and address current issues</td>
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<tr>
<td></td>
<td>- Premier solutions for improving customer service and strengthening program integrity</td>
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<tr>
<td><strong>Program Support Services</strong></td>
<td>- Represent human resources needed to support MMT and facilitate success</td>
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<tr>
<td>(PSS)</td>
<td>- PMO and SI primary vendors supporting planning and execution</td>
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<td>- IV&amp;V provides oversight, monitors and reports project status, and is key to CMS modular certification</td>
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<td>- Staff Augmentation Resources are critical to allowing state staff to participate in project activities and support overall MMT effort</td>
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## MMT Roadmap Areas

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| **Enterprise Integration Solutions (EIS)** | • Technologies that establish the Medicaid Enterprise platform  
• Consumer portal will serve as single point of entry for all Medicaid services  
• ESB will serve as central communication hub  
• MDM will ensure data integrity across the enterprise |
| **Modular Services**            | • Represent future modules of the MMIS designed to integrate into Medicaid SOA and provide services across the Medicaid enterprise  
• Can only be implemented after the integration platform is operational |
Customer Relationship Management (CRM)

- Enterprise-wide solution – supports 72 Medicaid business processes
- Will move MDH up the MITA maturity scale through automation and integration across the organization
- Customer Service – common database will provide more holistic view of customer interactions and services
Decision Support System/Data Warehouse (DSS/DW)

- Enterprise-wide solution – supports 74 of Medicaid business processes
- Will move MDH up the MITA maturity scale through data management and analytics
- Program Integrity – analytics will support fraud, waste, and abuse activities including federal surveillance and utilization review requirements
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MITA Maturity Update
MITA Maturity Levels

**Level 1**
- Meeting Regulations and Statutes
- Manual
- Paper-Based

**Level 2**
- Increased Automation
- Increased Standards
- Cost Management
- Improving Quality

**Level 3**
- Adopting National Standards
- Intrastate Exchange
- Coordinating with Other Agencies
- Reusable Processes

**Level 4**
- Widespread Access to Secure Clinical Data
- Improved Health Outcomes
- Interstate Data Exchange
- Quantitative Measures
- Shared Services

**Level 5**
- National Interoperability
- Program Optimization
- Maximize Automation of Routine Operations
- Program Strategy and Planning Optimization
- Optimizing Evaluation Activities

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MMT Service Areas

Planning and Control

Transaction Management

Stakeholder Management
Planning and Control Business Processes

**Contractor Management**
- Manage Contractor Information
- Inquire Contractor Information
- Manage Contractor Information
- Perform Contractor Outreach
- Manage Contractor Grievance and Appeal
- Produce Solicitation
- Award Contract
- Manage Contract
- Closeout Contract

**Business Relationship Management**
- Establish Business Relationship
- Manage Business Relationship Information
- Manage Business Relationship Communication
- Terminate Business Relationship

**Health Plan Management**
- Develop Agency Goals and Objectives
- Manage Performance Measures
- Maintain Program Policy
- Manage Health Benefit Information
- Maintain State Plan
- Manage Reference Information
- Manage Health Plan Information
- Manage Rate Setting
Current Technology Enablement of Services

Planning and Control

Contractor Management
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Legend:
- MMIS
- Pharmacy POS
- LTSS
- ePREP
- Hilltop
- CARES
- MHBE
- FMIS
- SURS
- HIE
- Manual Process
- Teligent (PA)
- MD THINK
- Beacon (BH ASO)
- Scion (Dental ASO)
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CRM Planning and Control

Business Process Mapping

Contractor Management
- Manage Contractor Information
- Inquire Contractor Information
- Manage Contractor Information
- Perform Contractor Outreach

- Manage Contractor Grievance and Appeal

Business Relationship Management
- Produce Solicitation
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- Terminate Business Relationship

- Manage Business Relationship Management

Health Plan Management
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- Process Mapped to CRM

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DSS/DW Planning and Control Business Process Mapping

Contractor Management
- Manage Contractor Information
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- Process Mapped to DSS/DW
Transaction Management Business Processes

Operations Management
- Generate Remittance Advice
- Process Encounter
- Inquire Payment Status
- Calculate Spend-Down Amount
- Prepare Provider Payment
- Manage Data
- Apply Mass Adjustment
- Process Claim

Performance Management
- Establish Compliance Incident
- Identify Utilization Anomalies
- Prepare REOMB
- Manage Compliance Incident Information

Financial Management
- Prepare Member Premium Invoice
- Manage Contractor Payment
- Manage Member Premium Payment
- Manage Accounts Receivable Information
- Manage Accounts Receivable Collection/Refund
- Manage Accounts Payable Information
- Manage Cost Settlement
- Manage Provider Recoupment

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Operations Management
Performance Management
Financial Management
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Current Technology Enablement of Services
Transaction Management

Operations Management
- Generate Remittance Advice
- Inquire Payment Status
- Prepare Provider Payment
- Manage Data
- Process Claim

Performance Management
- Process Encounter
- Calculate Spend-Down Amount
- Submit Electronic Attachment
- Apply Mass Adjustment
- Manage Compliance Incident Information

Financial Management
- Establish Compliance Incident
- Identify Utilization Anomalies
- Prepare Remittance Information
- Prepare Member Premium Invoice
- Manage Contractor Payment
- Manage Member Premium Payment
- Manage Accounts Receivable Information
- Manage Accounts Receivable Collection/Refund

- Determine Adverse Action Incident
- Prepare REMB
- Manage Fund
- Generate Financial Report
- Manage 1099
- Formulate Budget
- Manage Provider Remittance

- Manage Budget Information
- Manage TPL Recovery
- Manage Estate Recovery
- Manage Drug Rebate
- Manage Cost Settlement
- Manage Accounts Payable Disbursement

- Manage Capitation Payment
- Manage Incentive Payment
- Manage Account Payables Information
- Manual Process

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CRM Transaction Management
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- Process Mapped to CRM

MARYLAND Department of Health
DSS/DW Transaction Management

Business Process Mapping

Operations Management
- Generate Remittance Advice
- Inquire Payment Status
- Prepare Provider Payment
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Performance Management
- Process Encounter
- Identify Utilization Anomalies
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- Process Mapped to DSS/DW
Current Technology Enablement of Services

Stakeholder Management

- Care Management
  - Establish Case
  - Manage Case Information
  - Manage Population Health Outreach
  - Manage Registry
  - Manage Treatment Plan and Outcomes
  - Manage Member Information
  - Manage Applicant and Member Communication
  - Perform Screening and Assessment

- Member Management
  - Authorize Referral
  - Authorize Service
  - Perform Population and Member Outreach

- Eligibility and Enrollment Management
  - Determine Member Eligibility
  - Enroll Member
  - Disenroll Member
  - Inquire Member Eligibility

- Provider Management
  - Authorize Referral
  - Authorize Service
  - Enroll Provider
  - Disenroll Provider
  - Inquire Provider Eligibility

- Provider Management
  - Manage Provider Information
  - Manage Provider Communication
  - Perform Provider Outreach

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CRM Stakeholder Management Business Process Mapping

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  - Authorize Service
  - Authorize Treatment Plan

- **Eligibility and Enrollment Management**
  - Manage Member Information
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- **Provider Management**
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  - Manage Provider Communication
  - Manage Provider Grievance and Appeal
  - Perform Provider Outreach

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DSS/DW Stakeholder Management Business Process Mapping

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- Authorize Service
- Authorize Treatment Plan

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Eligibility and Enrollment Management
- Determine Member Eligibility
- Enroll Member
- Disenroll Member
- Inquire Member Eligibility

Provider Management
- Terminate Provider
- Manage Provider Communication
- Manage Provider Information
- Manage Provider Grievance and Appeal
- Manage Provider Outreach
- Enroll Provider
- Disenroll Provider
- Inquire Provider Eligibility

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Enterprise Architecture
Current State

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ltss → Pharmacy POS → ePREP → eMedicaid → ASO (Beacon/Scion)

MD THINK E&E → Enterprise Service Bus (MD THINK) → FMIS

CARES → MMIS → MHBE

Legend:
- Green: Planning and Control
- Blue: Stakeholder Management
- Purple: Transaction Management
### Current State vs. Future State

#### Current State

**Monolithic**
- Limited interoperability and data sharing

**Siloed Architecture at Project Level**
- Details not shared among the projects
- Non-standard implementation
- Not discoverable

**Limits MITA Maturity Gains**
- Ad-hoc business processes
- Lack of enterprise level change management
- Informal data governance

#### Future State

**Modular**
- Greater interoperability and data sharing

**Enterprise Architecture at Project Level**
- Transparency across projects
- Formal nomenclature standards
- Discoverable for the Enterprise

**Focused MITA Maturity Gains**
- Strategic business process development
- Change management process standards
- Formal enterprise data governance
Outcomes

- Builds integrated knowledge base
- Provides transparency of change impacts
- Improves Medicaid business capabilities
- Advances interoperability and data sharing

Customer Service
Program Integrity
Modular Strategy
BREAK TIME!!
Accomplishments

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Key Projects and Partnerships

• Key Projects
  • Electronic Provider Revalidation and Enrollment Portal (ePREP)
  • Long Term Services and Support (LTSS)

• Key Partnerships
  • Chesapeake Regional Information System for our Patients (CRISP)
  • Maryland Health Benefit Exchange (MHBE)
  • Maryland Total Human-Services Information Network (MD THINK)
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Electronic Provider Revalidation and Enrollment Portal (ePREP)
Where were we with Provider Enrollment 5-10 years ago?

- ~62,000 providers in 2011
- ~75 percent of applications were paper-based
- Paper-based workflow internally made case tracking difficult
- Only new individual providers and groups could enroll through eMedicaid
- Manual process for routine updates to license or address information
- Average application processing time 90-120 days
- Unrefined Document Repository
- No official Call Center – a few staff answering phones and returning voicemails
Provider Services Background

Affordable Care Act Requirements

• Check four required federal databases for all providers, owners and control agents
  • Had to complete manually
  • No place to capture ownership information in MMIS
• Revalidate all providers at least every five years
• Site visit all moderate and high risk providers at enrollment and revalidation
• Screen all providers, owners and control agents *monthly* against four databases
• Enroll 10-20,000 previously un-enrolled providers (Ordering, Referring and Prescribing providers, as well as Managed Care only providers)
Federal Database Checks

**National Provider Identifier (NPI)**

Provider information for 1083792350

**Social Security Administration (SSA)**

Requesting SSA’s Death Information

SSA’s Death Information

We collect death information to administer our programs. We receive sources, including family members, funeral homes, financial institutions, and other Federal agencies. It is important to note our records are the record of all deaths in the country.

We compile files of death information from our Master Files of Social Security Applications (Enrollment System) system of record of SSIs assigned to individuals since 1936. These files of death inform the deceased individual’s SSN, first name, middle name, surname, date of birth, sex, social security number, and date of death.

**System for Award Management (SAM)**

**Office of Inspector General (OIG)**

Exclusions Searches Results: Individuals
State Database Checks

Professional License

Sanctioned Providers

State Department of Assessments & Taxation
ePREP

Launched December 2017 after 8 months of data cleaning and configuration

One-stop shop for:
- Provider enrollment
- Re-enrollment
- Revalidation
- Information updates and demographic changes
- Monthly monitoring
- Call Center – 12 Reps taking ~3,500 calls/month
- Customer Relationship Management (CRM) Tool and Document Repository
- Average processing down to three weeks (from 90-120 days)
Phase I – Dec 2017:
- Solo practitioners
- Rendering providers
- Group Practices
- Approximately 80% of Medicaid enrolled providers

Phase II – April-Nov 2018:
- Clinics
- Hospitals
- Nursing Facilities
- Home and Community-based waiver providers
- All remaining provider types
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ePREP – Provider View

Welcome! Thank you for your interest in ePREP Portal. Setting up your User Profile will take just a few minutes.

Sign Up

First name

ePREP

Last name

User

Phone number

(844) 465-7768

Email address

epreppuser@mailinator.com

Re-enter email address

epreppuser@mailinator.com

Password

********

Re-enter password

********

I’m not a robot

Continue
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ePREP – Provider View

Welcome to your customized Dashboard for managing messages and shared applications from different Business Profiles.
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ePREP – Provider View
### ePREP Provider Summary

![ePREP 2.0 screenshot](image)

**Risk Score:** 563

**Total Composite Score:** 922

- **MCSI Check:** Yes
- **Name Verification:** Yes
- **NPI Red Flag:** Yes
- **NPI Verification:** Yes
- **Out of State Address:** Yes
- **SAM Check:** Yes
- **TaxID Verification:** Yes

#### Provider Name: Mayo Collaborative

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<th>Red Flag</th>
<th>NPI</th>
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<th>TaxID</th>
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<th>ADVERSE</th>
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**Legend - Check Result Values:**
- ✓ True Match
- ✔ Partial Match
- ✗ Negative Match
- ✗ Not Disclosed
- ✗ Not Found
- ✗ Unknown/Not Applicable
- ✗ Confirmed Match
- ✗ Partially Confirmed Match
- ✗ No Match
- ✗ Related Data

**Phone:**

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
</tr>
</tbody>
</table>
MDH MMIS Transformation Summit

ePREP Provider Screenings
ePREP Provider Screenings
## ePREP Outcomes

<table>
<thead>
<tr>
<th>#</th>
<th>Business Outcome</th>
<th>Customer Service</th>
<th>Program Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provider electronic application submissions increased to 99%</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Provider enrollment application processing time frame decreased by 50%</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Provider resolution time frames improved</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Centralized provider call center and CRM implemented</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5.</td>
<td>Provider outreach and education component implemented</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6.</td>
<td>Provider application error rate decreased</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
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**Future Goals**

**Customer Service - Improve Provider Communications**
- Currently mail most sub-regulatory communications to providers
- Automation will improve access to information and lower communication costs

**Customer Service – Enhanced External Interfaces**
- Example: Professional Board interface to update licensing information

**Program Integrity - Interface Enhancements**
- MMIS interface to automate entry of provider data
  - Currently manually keyed
  - Will decrease likelihood of erroneous data
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Long Term Services & Support (LTSS)
HB 113, 2009 – Maryland’s Legislative Mandate for LTC Reform
• Manage Home and Community-Based Service (HCBS) programs better
• Improve assessment process for HCBS
• Integrate HCBS programs
• Implement ACA programs and CMS Initiatives

• LTSSMaryland Launched in 2013
• New Initiatives
  • Streamlined waivers; Multiple ACA programs (CFC, BIP)
  • CMS Initiatives (1915C waivers, EVV, Community Settings, TEFT)
• Improved Participant Services
• Improved Program Integrity
  • Regulation and Rate Consistency
• Ensured System Integrity
Participant Driven

HCBS Enrollment
• All users in one system sharing information (application tracking, letters, case management assignments, notes)
• Decreased application time, better tracking and transparency

Integrated Multi-Program View
• 9 programs under one IT solution (and growing)
• One client profile for all programs linked to MMIS
• One provider portal linked to MMIS and submitting claims to MMIS

MyLTSS (TEFT)
• Consumer portal for HCBS users
Managing Fee-For-Service

• Reducing Institutionalization and Managing Risk
  • Registry – Screening and Risk Prioritization
  • Medical Assessments – Risk Management

• Service Authorization and Utilization
  • Plan development, review, and authorization
  • Claims Review ($275 million annually; $18 million savings per year in pre-auth over-billing)

• Program Interdependence
  • Reduced duplication of services
  • Consistent rate and payment processing
System Integrity

Operations and Development Oversight

- Technical Deliverables Review
- Defect Management
- LTSS Performance Scorecard
- Development Lab & Code Library
- Source Code & Configurable Item Repository

Software Development

- Technical Oversight & Data Center
- Software Release Management
- Monitoring
- W.O. Review
- Code Review

End-User Help Desk

Technical Service Desk

Primary & Secondary Data Center - PRIVATE CLOUD -

IVR - PUBLIC CLOUD -

ServiceNow

Architecture Review Board (ARB) – Technical Solution Governance

Steering Committee Governance

Marryland Department of Health

Claims Submission

- EVV – IVR Service Verification ($1.2 million saved per year in inappropriate billing other than unauthorized time)
- Weekly claims submission to MMIS (no paper claims!)
  - Personal Care, Case Management, Environmental Assessments, Home Delivered Meals, planned expansion to additional services
  - Over $300 million submitted annually, with addition of DDA in 2020 over $1 billion
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Future of LTSSMaryland

• More programs integrated into LTSS
  • In-home nursing, autism, and model waivers

• Programmatic efficiencies
  • Additional service activity and claims directly in LTSSMaryland
  • Single case management
  • Streamlined reportable events
  • Advanced EVV

• More connections
  • Interoperability using standard data formats with new systems

• Advanced analytics
  • Population management and public health
  • Outcomes
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Chesapeake Regional Information System for our Patients (CRISP)
CRISP Overview
April 23, 2019
Regional Health Information Exchange (HIE) serving Maryland, West Virginia, and the District of Columbia.

**Vision:** To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration

**Guiding Principles**

1. Begin with a manageable scope and remain incremental.
2. Create opportunities to cooperate even while participating healthcare organizations still compete in other ways.
3. Affirm that competition and market-mechanisms spur innovation and improvement.
4. Promote and enable consumers’ control over their own health information.
5. Use best practices and standards.
6. Serve our region’s entire healthcare community.
CRISP services are those best pursued through cooperation and collaboration. To make that possible 90 people participate in CRISP leadership through our governance committees.

http://crisphealth.org/ABOUT/Governance-and-Leadership
History of CRISP

First Steps
CRISP begins at a meeting between John Erickson and the CIOs of Maryland's three largest hospital systems.

Erickson Retirement Communities funds a part-time staff position to work on a pilot project.

Major Achievement
CRISP finishes incorporation as a non-profit corporation, is named Maryland's designated statewide HIE (July), is awarded a $10M HSRC grant (August), and hires staff (September).

Utilizing Services
Clinicians begin using the Query Portal (February) and every Maryland hospital is connected (December).

CRISP Reporting
CRISP begins sending CRS reports (January), goes live with the MHBE Provider Directory (September), connects the first District of Columbia Hospital (November) and turns on PDM service with MDH (December).

CRISP Reporting Expands
CRS monthly hospital reports grow from 2 to 17. Tableau reporting tool is turned on (March) HSRC funds the ICN project for infrastructure to support care management (August).

Comprehensive Medicare Data
CRISP launches new reporting and analytics platform leveraging comprehensive, Maryland-wide Parts A, B and D Medicare claims and provides timely population-level data to all hospitals and patient-level data to state policymakers and hospitals participating in Maryland's Care Redesign programs.

Making Progress
CRISP Partners with MHCC to plan an HIE for Maryland, in a process which engages dozens of healthcare stakeholders.

The MHCC provides a $250k grant, and the Erickson Foundation contributes another $250k to expand the work.

Getting Connected
CRISP connects first provider organizations (September) and wins $6M REC grant.

New Services
CRISP turns on ENS service (August) and board is expanded (December).

Expanding CRISP
Health plans begin accessing records through a special CRISP portal (March), and CRISP begins routing CCOAs at hospital discharge (June).

InContext Alerts
InContext Alerts go live (May), West Virginia's WVHN partners with CRISP (October), and CRISP DC is formed (December).

Essential Infrastructure
The Maryland PDMP Mandate goes into effect.

CRISP APIs return PDMP and other data in context for users over 5M times per month.
## Connected Providers

<table>
<thead>
<tr>
<th>Providers Sharing Data</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (MD, WV, DC)</td>
<td>100+</td>
</tr>
<tr>
<td>Ambulatory Practices</td>
<td>1,500+</td>
</tr>
<tr>
<td>Skilled Nursing Facilities</td>
<td>200+</td>
</tr>
<tr>
<td>Home Health, ESRD, Hospice</td>
<td>60+</td>
</tr>
</tbody>
</table>
CRISP Core Services

1. **POINT OF CARE:** Clinical Query Portal & In-context Information
   - Search for your patients’ prior hospital records (e.g., labs, radiology reports, etc.)
   - Monitor the prescribing and dispensing of PDMP drugs
   - Determine other members of your patient’s care team
   - Be alerted to important conditions or treatment information

2. **CARE COORDINATION:** Encounter Notification Service (ENS)
   - Be notified when your patient is hospitalized in any regional hospital
   - Receive special notification about ED visits that are potential readmissions
   - Know when your MCO member is in the ED

3. **POPULATION HEALTH:** CRISP Reporting Services (CRS)
   - Use Case Mix data and Medicare claims data to:
     - Identify patients who could benefit from services
     - Measure performance of initiatives for QI and program reporting
     - Coordinate with peers on behalf of patients who see multiple providers

4. **PUBLIC HEALTH SUPPORT:**
   - Deploying services in partnership with Maryland Department of Health
   - Pursuing projects with the District of Columbia Department of Health Care Finance
   - Supporting West Virginia priorities through the WVHIN

5. **PROGRAM ADMINISTRATION:**
   - Making policy discussions more transparent and informed
   - Supporting Care Redesign Programs
Capabilities
CRISP Core Services

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Point of Care: Unified Landing Page (ULP)

- Main point of access for CRISP applications
- Primary users: ambulatory practices, care coordinators, and payers
- Hospital lab results, radiology reports, images (including emergent), discharge summaries, ED notes, and other transcriptions
- View of critical patient data including care alerts, care teams, and prior visits with customizable widgets
Dispensed controlled dangerous substances from Maryland and surrounding states

Results can be sorted by date, prescribers, and other items

Mandate requiring search before prescribing opioids or benzodiazepines
Point of Care: InContext Data Delivery

- View of critical patient data, pulled from multiple repositories and embedded in the end user’s EHR
- Integrations can occur in EHR native app stores or through API queries
## Point of Care Utilization

<table>
<thead>
<tr>
<th>Service</th>
<th>Typical Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit, Discharges from Hospitals and Ambulatory</td>
<td>4,500,000</td>
</tr>
<tr>
<td>Laboratory Reports Received</td>
<td>975,000</td>
</tr>
<tr>
<td>Received Transcriptions/Reports</td>
<td>200,000</td>
</tr>
<tr>
<td>Received Radiology Reports</td>
<td>160,000</td>
</tr>
<tr>
<td>InContext Requests for HIE Registry data</td>
<td>3,000,000</td>
</tr>
<tr>
<td><strong>Delivery of Registry into EMRs</strong></td>
<td>1,400,000</td>
</tr>
<tr>
<td>InContext Requests for PDMP Data</td>
<td>730,000</td>
</tr>
<tr>
<td><strong>Delivery of PDMP Data into EMRs</strong></td>
<td>250,000</td>
</tr>
<tr>
<td>Patients Searched</td>
<td>90,000</td>
</tr>
<tr>
<td>Patients searched in ULP Portal</td>
<td>65,000</td>
</tr>
<tr>
<td>Patients searched from an EMR</td>
<td>25,000</td>
</tr>
<tr>
<td>Images Viewed</td>
<td>350</td>
</tr>
<tr>
<td>New data sent to MPI</td>
<td>60,000</td>
</tr>
</tbody>
</table>
Ambulatory Connectivity

- Using HITECH IAPD funding, CRISP sought to connect ambulatory practices and post-acute care facilities with bi-directional encounter and CCDA exchange
- This work has been historically challenging, and CRISP has had only moderate success in making these connections
- Data made available through these connections support Point of Care, Care Coordination, and Population Health tools

<table>
<thead>
<tr>
<th>Type</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter Data</td>
<td>337 locations</td>
</tr>
<tr>
<td>Clinical Data</td>
<td>270 locations</td>
</tr>
<tr>
<td>Ambulatory Notifications</td>
<td>~450,000 per week</td>
</tr>
<tr>
<td>Ambulatory Notifications to payers</td>
<td>~110,000 per week</td>
</tr>
<tr>
<td>Organizations Receiving Clinical Data</td>
<td>10</td>
</tr>
<tr>
<td>Clinical documents routed weekly</td>
<td>~50,000</td>
</tr>
</tbody>
</table>
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5. **PROGRAM ADMINISTRATION:**
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Care Coordination: Encounter Notification Service (ENS)

- Solves a basic problem for organizations responsible for a patient's health – where is my patient? When did my patient access care?
- Real-time or batch alerts to organizations and providers based on known treatment and care management relationships
- Notifications can be delivered via a secure folder, the ULP, EHRs, or databases
- ENS subscription information is displayed at the point of care via ULP, In-Context, or in native system
- Clinical documents (CCDAs) can be routed to end points
Care Coordination: ProMPT Capabilities and Data Elements
## Care Coordination Utilization Statistics

<table>
<thead>
<tr>
<th>Service</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscribers to ENS</td>
<td>~1,800</td>
</tr>
<tr>
<td>Messages Sent per Week</td>
<td>650,000</td>
</tr>
<tr>
<td>Hospital Discharges with a Notification</td>
<td>75%</td>
</tr>
<tr>
<td>ENS Care Team information delivered into EMR’s each week</td>
<td>455,000</td>
</tr>
<tr>
<td>CCDA’s received from sources each month</td>
<td>1,080,000</td>
</tr>
<tr>
<td>CCDA’s delivered to sources monthly</td>
<td>213,000</td>
</tr>
<tr>
<td>Sources sending CCDAs</td>
<td>268</td>
</tr>
</tbody>
</table>
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Population Health: CRISP Reporting Services

- Dashboards from administrative data to support high-needs patient identification, care coordination, progress reporting
- Primary data sets are hospital casemix and Medicare claims and claim line feed (CCLF)
- Process Medicaid eligibility files - Dual Eligible indicator added to relevant reports
Casemix Reports

Reports based on linkage between real-time ADTs and hospital abstracts; run monthly to enable payment and policy
Analytics using Medicare CCLF data to show cost and utilization information to hospitals for patients with a hospital or ED visit in the past 36 months.
CRISP Core Services

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Public Health Use of Encounter Notification Service (ENS)

- Out-of-care HIV patients
- Out-of-care TB patients
- Out-of-care Sickle Cell Disease patients
- Pregnant patients with Zika
- Pregnant Medicaid patients eligible for prenatal care and navigation

In-Context Public Health Alerts

- CRE
- Zika for pregnant patients
- C.diff
Meaningful Use Public Health Reporting
• Electronic Lab Reports
• Syndromic Surveillance
• Immunizations (submission & bi-directional)

Behavioral Health Engagement
• Extending CRISP services to Behavioral Health organizations
• Accountable Health Communities (AHC) effort in Baltimore City
• Improving hospital sharing of discharge summaries
• Providing Peer Recovery Counselors in hospitals access to CRISP services
**Overdose Notifications** report when a patient has experienced a suspected drug-related overdose. The alerts are based on coded diagnoses sent by hospitals in Maryland, D.C., and West Virginia.

**Coming soon**: Incorporate EMS data (phased)
Projects funded by MD IAPD:

**Point of Care:**
- Encounter Notification Service
- Ambulatory Integration & Advanced Implementation Support
- Hospital Integration & Advanced Implementation Support
- Image exchange
- First Responders Data Exchange

**Public Health Reporting**
- popHealth quality measurement reporting
- Public health reporting meaningful use feeds

**Shared Infrastructure**
- Data Routing & Consent Management
- Technical Infrastructure & Operations
- CRISP infrastructure/architecture improvements
Transitioning from HITECH to MMIS APD

1. Map HIT Functionality from Maturity Model to MITA Business Processes
2. Identify intersections where HIT Use Case can meet a MITA Business Process
3. Review CRISP implemented HIT functionality/Use Cases to confirm good candidates for converting funding streams
4. Perform Environmental Scan:
   - review all MD Medicaid State Plan Amendments and Waivers to identify target business priorities that could be impacted by CRISP functionality (existing or potential)
5. Develop progression paths:
   1) Administrative
   2) Maximize HITECH
   3) Leverage MMIS M&O for operational services
   4) Discuss opportunities for MMIS HIE services development
National HIE Trends

• Interoperability:
  • Broader exchange across regions through national networks such as Carequality, Commonwell, and eHealth Exchange
  • Deeper exchange within systems through EHR products, such as Epic with Care Everywhere

• Regulations:
  • Federal Trusted Exchange Framework (TEFCA) encouraging consolidated networks of networks
  • ONC & CME rules: open API-access to data and data blocking
  • Sharing Substance Use Disorder data under 42 CFR Part 2

• Technology:
  • Move away from HL7, Direct, and CCDAs towards SMART-on-FHIR and rest APIs
  • Patient matching and consent
MDH MMIS Transformation Summit

Maryland Health Benefit Exchange (MHBE)
The MHBE Accomplishments
April 23, 2019

Presented by:
Venkat R. Koshanam, CIO, MHBE
MHBE at a Glance

The Exchange

- An independent unit of state government.
- Operates the Maryland’s Health Insurance Marketplace, Maryland Health Connection (MHC), a comprehensive integrated digital platform.

The Big Picture

1.2 Million consumers enrolled in Medicaid and QHP

~80% received Assistance (APTC)

156,963 consumers enrolled in QHP
39,813 consumers enrolled in Dental Plans

Enrollment Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>QHP</th>
<th>MA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>219,849</td>
<td>75,550</td>
</tr>
<tr>
<td>2016</td>
<td>776,581</td>
<td>120,817</td>
</tr>
<tr>
<td>2017</td>
<td>1,007,686</td>
<td>150,574</td>
</tr>
<tr>
<td>2018</td>
<td>1,036,755</td>
<td>153,584</td>
</tr>
<tr>
<td>2019</td>
<td>1,046,579</td>
<td>156,963</td>
</tr>
</tbody>
</table>
The Exchange Solution

Users

- Consumers
- Workers
  - Call Centre
  - Navigator
  - County Worker
  - Producers
- Staff & Others

Access Channels

- Consumer Portal
- Worker Portal
- Broker Portal
- Marketing Portal
- Mobile APP (iOS and Android)
- Chatbot

Exchange Business Functions

- Intake and Application Processing
- Plan Comparison and Enrolment
- Renewals
- Verifications
- Eligibility Determination (Business Rules Engine)
- Customer Relationship Management (CRM)
- Learning Management System (LMS)
- Reports & Notices
- SHOP

External Interfaces

- Federal Data Service Hub (FDSH)
- IRS
- Insurance Carriers and MCOs
- State Systems (DHS, MDH, MABS)
The Numbers

152 IT Staff
Website Availability 5 AM to 1 AM
Concurrent Users during OE
24 Million Documents (Notices, VCLs etc)
127,941 (>95%) QHP consumers Auto-renewed

Applications
- Accounts Created: 1,672,625
- Applications Submitted: 1,480,119

Mobile App
- Downloads: 348,378
- VCL Submitted: 210,183
- APP Submitted: 148,787
- Enroll: 62,484

App Views: 4 Million
IT Mission & Achievements

Operational Excellence
- Provide stable and reliable platform
- Consistently improve quality of services
- Remove redundancy and integrate systems
- Improved operational visibility to stakeholders

Consumer Engagement
- Enhance User Experience (UX)
- Uniform experience across all HBX Platforms
- Proactive Engagement (Chatbot, Push, SMS etc)
- Mobile Enhancements

Functional Enhancements
- Prioritization in alignment with policy mandates
- Rapid implementation of policy changes
- Focus on program integrity and compliance

Technology Modernization
- Replace legacy technologies with modern, open source and cost effective solutions
- Adapt Cloud Infrastructure
Innovative Initiatives

**User Engagement**
- Phase 1: Dashboard, Inbox / Documents, My Setting
- Phase 2: Enhanced Eligibility Results, Header/Footer, Application
- Progress Indicator Updates
- **Upcoming:** OCR (Optical Character Recognition Implementation)

**Marketing Portal**
- Phase 1: Real-time automated email response, SNS Push, ability to reuse email templates
- Phase 2: Ability to track emails to consumers & conduct marketing campaign.
- **Upcoming:** Expansion of Marketing Portal to facilitate dynamic results tracking and integration with SF CRM

**Mobile Revamp**
- Phase 1: Enhance consumer experience in MHBE mobile by revamping UI
- Phase 2: Implementing and Targeted Push notification enhancements.
- **Upcoming:** Fingerprint authentication, OCR, Push Notification Expansion

**Other Enhancements**
- Mobile device driven authentication
- Application Security Enhancements (Optional MFA, Email, Text, Google Auth)
- Business driven Dynamic Notice Management
- Business Intelligence and Data Analytics Platform

**Chatbot**
- Phase 1: Virtual Helpdesk (FAQ)
- Phase 2: Integration with HBX
- Eligibility & Enrollment flow
- **Upcoming:** Password Reset, Integration with HBX Call Center and Broker redirect

**HBX Migration to MD THINK**
- Migration of HBX to MD THINK Shared AWS Cloud platform

**Phase 1:**
- Phase 1: Dashboard, Inbox / Documents, My Setting
- Phase 2: Enhanced Eligibility Results, Application
- Progress Indicator Updates
- **Upcoming:** OCR (Optical Character Recognition Implementation)

**Phase 2:**
- Phase 1: Enhance consumer experience in MHBE mobile by revamping UI
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**HBX Migration to MD THINK**
- Migration of HBX to MD THINK Shared AWS Cloud platform
Major Enhancements
- Implementation of Transitional Medical Assistance
- Retro-Medicaid during Change Reporting
- MA Family Planning Services
- Salesforce platform upgraded to Lightening Platform
- Computer Telephony Integration (CTI)
- SHOP Platform Development
- Responsive User Interface across devices
- Plan Management & OE Policy changes
- Dental Enrollment Revamp

Open Enrollment Activities
- OE 2020 System Changes
- Plan Validation & Upload
- Anonymous Browsing
- Auto-renewals
- OE Readiness Tasks
- Command Center
- Catch-up Renewals
- Post-OE Tasks
Questions?

https://www.marylandhealthconnection.gov

How To Enroll  Health and Dental  Small Business  Find Help  Get Answers  Blog

Notice: Open Enrollment for 2019 health plans has ended. If you are eligible for special enrollment or Medicaid, you may still apply.

Apply for Coverage

You can get covered year-round if you qualify for Medicaid or recently have had certain life events. See if you may qualify.

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The Connection  Visit our blog

Questions? Ask Flora, your virtual assistant
MD THINK (Eligibility & Enrollment) Overview
Medicaid Management Information System Transformation Summit

Subramanian Muniasamy, CTO
Rob Starkey, IT Director

April 23, 2019
What is MD THINK?

Initiated in March 2017, Maryland Total Human-services Integrated Network (MD THINK) is a state of the art technological endeavor to modernize, integrate, and streamline health and human service technology in Maryland.

1. Implement web-based cloud hosting
2. Roll out applications that create efficiencies, improve customer service
3. Improve and modernize business and technology processes
4. Introduce shared components to minimize technology costs
5. Increases data security across applications
[Diagram showing MD THINK Vision, Implementation, and Core Team Structure]

**MD THINK Vision**
- Improved Operational Efficiency from faster service delivery, reduced paper processing, and reduction in duplicate data entry.
- Compliant with security standards such as FISMA, MARS-E, IRS and NIST.
- Reduce Fraud, Waste and Abuse by maintaining the Data Integrity across the system.
- Long term Cost Savings through leveraging the highly scalable, secured platform.

**Program Roadmap**
- Waterfall
- Agile

**Core Team Structure**
- Chief Technology Officer (Subramanian Muniasamy)
- Deputy Secretary
- Steering Committee
- I&V (E&Y)
- Legacy
- Project Management Office
- Security & Compliance
- Data & Analytics
- Infrastructure & Agency Onboarding
- Application Development

**ACCOMPLISHMENTS**
- APD Approved, CTO Hired
- Software Procurement Completed
- Agile Team RFP Released
- CJAMS RFP Released
- Established Steering Committee
- Pilot, base infrastructure and Data platform deployed
- E&E Long Term Care application deployed in production
- Base Content Management (ECMS) Platform deployed in production
- Awarded CJAMS Vendor
- Awarded Agile Team Vendors
- CJAMS deployment planned (Child, Juvenile and Adult Management System)
- MHBE’s application integration planned
- Eligibility and Enrollment (E&E) system deployment (Non-MAGI, SNAP & Cash Assistance Programs)
- Onboard Other Agency Application
- Child Support System deployment
- Obtain Child Support Federal Certification
- MD THINK Operational

**2017**
- [Description of accomplishments for 2017]

**2018**
- [Description of accomplishments for 2018]

**2019**
- [Description of accomplishments for 2019]

**2020**
- [Description of accomplishments for 2020]

**2021**
- [Description of accomplishments for 2021]
What is the Eligibility & Enrollment system?

Users
- Consumers, Providers, Community Partners
- Case Manager

Eligibility & Enrollment
- Eligibility Determination
  - Non-MAGI Medical Assistance
  - SNAP
  - Cash Assistance
  - Other Public Assistance Programs

Partner Enrollment Systems
- MMIS
- MCOs
- EBT
- Others
Eligibility & Enrollment Conceptual Architecture

Enterprise Content Management (ECM)
- Upload, view, and download functionality.
- Scanned documents are tagged to cases.

Master Data Management (MDM)
- Stores individual data and sends to CIS.
- IDs are generated from CIS via MDM.

Shared Data Repository (SDR)
- Enables an individual search across applications for pre-existing customers.
- Supports the prevention of duplicate individuals.

Consumer Portal
- Account Registration
- Non-Financial Information
- Income Information
- Asset Information

Worker Portal
- Screening
- Eligibility Determination
- Redetermination
- Change Reporting
- Administrative Tasks

Notices
- Notices are generated based on determination of eligibility.
- Immediately viewable notices.
- Notices are centrally mailed to customers.

MMIS Enrollment
- Batches of eligible individuals are sent daily for enrollment in MMIS.
- All information regarding additions, deletions, and changes to recipients is sent to MMIS via daily batching.

BI Reports
- Eligibility and case information reporting is generated via QLIK.
- Pre-defined federal reporting and required legislative reporting are generated.
Key Impacts and Metrics

System Development Achievements

- Eligibility Rules Implemented: 2,300
- Scenarios Tested: 900
- Notices/Forms Developed: 47
- Individuals Migrated From Legacy System: 6M
- Dynamic Reports Created: 9
- Documents Migrated From Legacy System: 100,128

Org. Change Management Achievements

- Stakeholders Trained: 300
- Resources Involved: 150
- Total Project Hours Invested: 300,000

Key E&E Long-Term Care Metrics
(As of 04/01/19, since the pilot in July 2018)

- Consumer Portal Users: 1,307
- Electronic Applications: 3,700
- Electronic Redeterminations: 1,500
- Documents Uploaded: 22,000
Design, development, and testing in progress for non-MAGI Medicaid in E&E, includes all Maryland Medicaid programs outside of the Maryland Health Connection

- ~200,000 recipients in non-MAGI programs, processed by nearly 50 offices
- E&E will contain eligibility determination for 23 non-MAGI coverage groups, including Aged, Blind, and Disabled (ABD MA), Medicare Cost Sharing programs, and Waivers
- E&E will mail all eligibility notices and other forms and letters for non-MAGI eligibility, over 40 templates being developed
- Working with MDH and Medicaid stakeholders to improve business processes and customer service with the modernized eligibility system
MDH MMIS Transformation Summit

CMS Advance Planning Document (APD) Process
CMS APD Process

Integrated Centralized APD Process includes:

- End-to-End Structured APD Control Process
- Review and Validation
- Enhanced Project Expenditure Tracking

Benefits:

- Enterprise View of all APDs
- Improved Resource Management
- Identify Opportunities to Leverage and Reuse Technology
<table>
<thead>
<tr>
<th>#</th>
<th>Document Name</th>
<th>Area</th>
<th>APD Total</th>
<th>State Share Total</th>
<th>FFP Total Requested</th>
<th>APD Allotment Type(s)</th>
<th>Period</th>
<th>Agency</th>
<th>Status</th>
<th>Date Submitted</th>
<th>Date Approved</th>
<th>Annual Update Due</th>
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<td>Eligibility &amp; Enrollment</td>
<td>$28,874,500.00</td>
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<td>$23,355,431.00</td>
<td>MD-EE-FFY19 - 90 %</td>
<td>FFY 2019</td>
<td>MHBE</td>
<td>Approved</td>
<td>7/31/2018</td>
<td>8/20/2018</td>
<td>Jul-19</td>
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<td>MDH, DHS, MHBE OAPD Update</td>
<td>Eligibility Determination</td>
<td>$115,234,411.00</td>
<td>$39,191,916.00</td>
<td>$76,042,495.00</td>
<td>MD-EE-FFY19 - 75 %</td>
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<td>MDH, DHS &amp; MHBE</td>
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<td>7/31/2018</td>
<td>8/20/2018</td>
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<td>CARES OAPD Update</td>
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<td>$5,845,912.75</td>
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<td>MD THINK IAPD Update</td>
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<td>$273,324,631.00</td>
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<td>2/15/2019</td>
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<td>LTSS IAPD Update</td>
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<td>$24,925,720.00</td>
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<td>$22,433,148.00</td>
<td>MD-2018-01-01 LTSS - 90%</td>
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<td>MMIS Modular Replacement PAPD Update</td>
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<td>$449,064.00</td>
<td>$4,041,577.00</td>
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<td>Approved</td>
<td>3/16/2018</td>
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<td>Medicaid Provider Re-Validation,</td>
<td>MMIS</td>
<td>$27,115,857.00</td>
<td>$7,455,779.00</td>
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<td>MDH</td>
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<td>7/16/2018</td>
<td>7/17/2019</td>
<td>Jul-19</td>
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<td></td>
<td>Enrollment and Screening APD</td>
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<td>$49,567,184.00</td>
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<td>10/16/2018</td>
<td>12/21/2018</td>
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</table>
APD Process Improvements

APD Generation
- Ensuring staff augmentation is included
- No duplication of capabilities and resources across projects
- Synergistic project capabilities are being requested

Internal Approval Process
- Review by various organizations
- Validates resources and services requested
- Financial review

APD Centralized Tracking
- Modified distributed APD development into one control point
- Track status of approvals
- Standardized notification process of APD approvals

APD Services Initiation and Fulfillment
- Alignment of purchase orders with APDs
- Tracking personnel to specific APDs
- Invoice alignment to APDs
- Project Governance Reporting (services and budget)

APD Reimbursement
- Invoice to APD reconciliation
- Validate correct reimbursement to APD FFP
- Track current status of APD reimbursement
MDH MMIS Transformation Summit

Next Steps
Implementation Advance Planning Document (IAPD) Initial Submission

• Submit initial IAPD to CMS May 1st – 60 day review
• IAPD defines the five areas of the MMT Roadmap
• Statement of Needs and Objectives
• Project Management – MMT Governance, MDH Resources
• Proposed Activity Schedule – based on the MMT Roadmap
• Proposed Budget – FFP% 90/75/50 – Request $100m thru FFY21
  • Customer Relationship Management (CRM)
  • Decision Support System/Data Warehouse (DSS/DW)
  • Project Management Office (PMO)
  • Independent Verification & Validation (IV&V)
  • Systems Integration (SI)
  • Behavior Health Administrative Services Organization (BHASO)
  • Point Sale Electronic Claims Management Services (POSECMS)
IAPD Update - September

• Update IAPD each Federal Fiscal Year (Oct – Sep)
• Further define and prioritize modules
• Project Management – update MDH resources
• Update Proposed Activity Schedule - MMT Roadmap
• Proposed Budget - Updates:
  • Update actual expenditures to-date
  • Request new funding for Provider Management, CRISP, Enterprise Integration Solutions
  • Update funding requested April IAPD thru FFY21
Major Information Technology Development Project (MITDP) – ITPR

- MMT Project is a DoIT Major Information Technology Development Project (MITDP)
- State Funds request annually via Information Technology Project Request (ITPR)
- Initial MMT ITPR Sep 2018 for fiscal year 2020
- Sep 2019 submit fiscal year 2021 MMT ITPR
- MDH Budget and IAPD, ITPR, funding must align
<table>
<thead>
<tr>
<th>Project</th>
<th>MMT Roadmap Initiative</th>
<th>Status - Estimated Design, Development, Implementation (DDI) Operations (OPS)</th>
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<tbody>
<tr>
<td>Behavior Health Administrative Service Organization (BHASO)</td>
<td>FGM</td>
<td>- Evaluating proposals - DDI begin Jul 2019</td>
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<tr>
<td>Independent V&amp;V (IV&amp;V)</td>
<td>PSS</td>
<td>- DoIT finalize RFP - OPS begin Feb 2020</td>
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<tr>
<td>Program Management Office (PMO)</td>
<td>PSS</td>
<td>- TORFP submitted to DoIT procurement - OPS begin Feb 2020</td>
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<tr>
<td>Systems Integration (SI)</td>
<td>PSS</td>
<td>- Gathering requirements - OPS begin Oct 2020</td>
</tr>
<tr>
<td>Data Warehouse/Decision Support (DW/DSS)</td>
<td>ETS</td>
<td>- Gathering requirements - OPS begin Oct 2020</td>
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<tr>
<td>Customer Relationship Management (CRM)</td>
<td>ETS</td>
<td>- Salesforce development TORFP - Agile DDI begin Jul 2019</td>
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</tbody>
</table>