Wyoming Department of Health, Division of Healthcare Financing

MITA 3.0 SS-A, Alternatives Analysis and Procurement Strategy
Executive Summary Report

June 9, 2015

Table of Contents

1 – Overview

The Wyoming Department of Health (WDH) Division of Healthcare Financing, with the assistance of Public Knowledge, conducted a Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) from November 2014 to January 2015. In an effort to conduct its assessment more efficiently and at a lower cost than traditional MITA SS-As, WDH applied an innovative and unique process approach. This approach collected assessment data and any related process and information documentation via a series of surveys designed to capture the subject matter expert's (SME) understanding of the Wyoming Medicaid enterprise capability levels for the Business Architecture, Information Architecture, Technical Architecture and Seven Standards and Conditions. The Project Team's goal for the approach was to obtain individualized input and aggregate SME feedback into a high-level average, as well as collect existing process documentation in a concise scheduled effort. This approach was successful in leveraging survey participant's expertise in a condensed format that reduced WDH's SS-A costs and decreased dedicated staff time for completion. This MITA SS-A will support the State in planning for business improvement and technology services investments over the next three (3) to five (5) years.

A Lessons Learned session was held with the survey participants at the end of the MITA 3.0 SS-A project in order to document any challenges, issues and concerns that were encountered. The use of surveys yielded a high recipient response rate. This enabled the Project Team to assemble the scorecards for CMS using the input provided by the business subject matter experts. The process was more efficient and streamlined than a facilitated session approach and was less disruptive to business SME's responsibilities and schedules. The process yielded many reusable elements and the project site will provide the repository for the initial MITA SS-A results and future results.

1.1 MITA 3.0 Initiative, Background, and Framework

The Centers for Medicare & Medicaid Services (CMS) introduced MITA as a framework to assist states with improving the operation of their Medicaid programs. CMS requires that states perform a SS-A, documenting the states' maturity levels of the MITA Business Architecture, Information Architecture, the Technical Architecture, and the Seven Standards

and Conditions in order to request enhanced federal funds to improve the Medicaid enterprise.

MITA provides a standardized framework that allows the State of Wyoming to fund for the upcoming system improvements and implementations using enhanced Federal Financial Participation (FFP). The State views the SS-A process as a mechanism to plan for business process improvements and enhanced data sharing across systems. Figure 1-1 on the next page represents the key components of the MITA framework.

In order to meet CMS requirements to obtain enhanced FFP, CMS has provided the SS-A tool for states to plan their transitions from current capabilities to future, targeted capabilities. Using the SS-A, a state reviews its current operations and develops a list of target capabilities (transition goals) to meet its strategic goals.

WDH completed Wyoming's SS-A in collaboration with Public Knowledge, based on the MITA Framework 3.0, released by CMS in March 2012. The key components of the MITA SS-A that were incorporated into this process are highlighted in the MITA 3.0 Framework figure below.

Figure 1-1 MITA 3.0 Framework
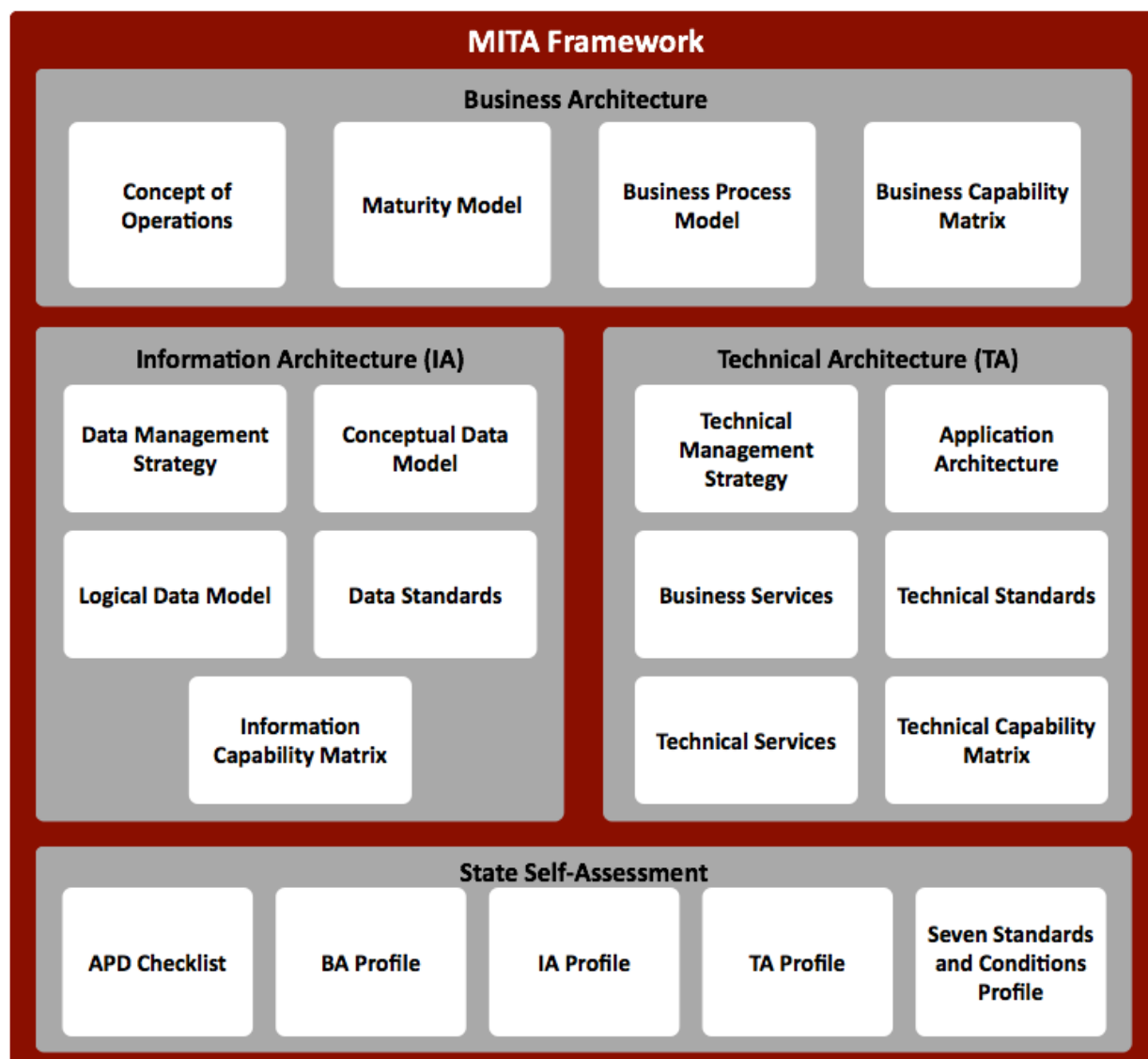
1.2 Aligning MITA Objectives with WDH's IT Alignment Strategy

CMS defines the first step of the SS-A process as identifying the state Medicaid goals and objectives. WDH identified overarching Medicaid goals and guiding principles and is in the process of developing a more detailed strategy for aligning its Medicaid IT Systems with the Seven Standards and Conditions. Public Knowledge assisted WDH with an analysis and documentation of the existing IT landscape, followed by a mapping of MITA business processes to the systems connected with each process. This mapping contributed to

development of the Concept of Operations and Roadmap described in Section 2 and Section 4 below.

1.2.1 Medicaid IT Alignment Strategy

The Medicaid IT Alignment Strategy describes Wyoming's current Medicaid enterprise from a systems perspective and documents how those systems are used by the enterprise. The primary goal is to develop a comprehensive strategy for the procurement of new services and systems that drive the best client outcomes in the most cost effective manner. WDH's IT Alignment Strategy aligns with MITA Objectives and the Seven Standards and Conditions.

For the replacement of the MMIS, the following guiding principles were identified. More information regarding the Wyoming Integrated Next Generation System (WINGS) Project (MMIS Replacement project) is provided in Section 5 below. The WINGS Project guiding principles align with the MITA objectives:

- **Adaptability** - Implement flexible, rule-based, modular, configurable solution to enhance decision-making and increase management efficiencies.

- **Real-time Access to Data** - Implement a data warehouse and associated business intelligence tools to enable real-time access to accurate data including clinical data and enhanced reporting that meets changing business and management needs.

- **Stakeholder-centric** - Structure the procurement to focus on the delivery of services to provide an enhanced customer service experience for providers and clients.

- **Performance-based Contract(s)** - Implement an incentive-based contract management structure that limits vendor dependencies.

- **Information Sharing** - Implement a solution that provides an easy to access and comprehensive 'one stop shop' for providers and clients such as managing newsletters, and checking available services. The solution would leverage role-based security to ensure that stakeholders have access to only the information required for their needs.

- **Realistic Project Schedule** - Structure the schedule to ensure a quality procurement and a successful implementation of the contracted services and supporting technology.

- **Cost Efficiency and Effectiveness** – Build business process improvements that achieve planned results at lower costs and provide measurable efficiency ratios.

- **New Payments Model** - Implement a solution that supports provider payments for quality rather than quantity of services.

- **Leverage Existing Solutions** – Procure a solution that leverages commercial healthcare concepts that translate to the Medicaid domain, is proven in the marketplace, and supports interoperability.

1.2.2 MITA Objectives

As specified by CMS, the following list describes MITA's objectives:

- Adopt data and industry standards.

- Promote reusable components; modularity.

- Promote efficient and effective data sharing to meet stakeholder needs.

- Provide a beneficiary-centric focus.

- Support interoperability, integration, and an open architecture.

- Promote secure data exchange (single entry point).

- Promote good practices (e.g., the Capability Maturity Model [CMM] and data warehouse).

- Support integration of clinical and administrative data.

- Break down artificial boundaries between systems, geography, and funding (within the Medicaid program).

1.3 MITA SS-A Approach

During the MITA 3.0 SS-A planning stages, WDH was already in the process of completing documentation of their business processes. Instead of conducting a traditional SS-A approach, WDH leadership saw the opportunity to leverage existing and newly developed business process documentation. WDH looked for a new approach to capturing the capability levels of its Medicaid enterprise in an effort to save time and money compared to a

traditional SS-A approach. Table 1-1 provides a comparison of the traditional SS-A Model to Wyoming's approach to the SS-A.

Table 1-1 SS-A Approach Comparison

Traditional SS-A Approach	Wyoming SS-A Approach
Outcome: Vision/Concept of Operations	
Tasks: 1. Review enterprise documentation (e.g. Strategic Plan, Operational Plans) 2. Conduct interviews with stakeholders 3. Conduct vision session 4. Document Medicaid enterprise vision	Tasks: 1. Review enterprise documentation (e.g. SMHP, Strategic Plan(s)) 2. Conduct interviews with stakeholders 3. Facilitate vision session 4. Document Medicaid enterprise vision 5. Concept of Operations (COO) – create As-Is / To-Be of the Operations
Outcome: MITA Information and Guidance	
Tasks: 1. Develop leadership and staff MITA 3.0 materials 2. Present in-person MITA Overview to Leadership 3. Present in-person Preparation and Guidance to Staff 4. Present refresher trainings, as needed	Tasks: 1. Develop MITA 3.0 materials 2. Present in-person MITA Overview to Leadership 3. Present in-person Preparation and Guidance to Staff 4. Provide pre-survey webcast
Outcome: Conduct Assessment	
Tasks: 1. Create template MITA business process use cases 2. Document business process use cases in approximately 45 (BA/IA/TA) sessions with State program staff over an 8 week timeframe 3. Determine As-Is capability level for each business process and architecture 4. Capture To-Be capability level for each business process and architecture during facilitated sessions (discussing current and future initiatives) 5. State review and validate results of sessions	Tasks: 1. Create surveys simplifying MITA business process language and capability levels 1. Include questions in the surveys with free-form text to capture descriptions of the current As-Is capability level and a separate question to capture initiatives planned or future to evolve to the To-Be capability levels 2. Distribute surveys to collect capability levels, process documentation, and applicable performance standards. 3. Collect and reconcile As-Is and To-Be capability levels
Outcome: Gap Analysis / SS-A Profile	

Traditional SS-A Approach	Wyoming SS-A Approach
Tasks: 1. Document As-Is and To-Be capability levels in SS-A Profile 2. Conduct analysis to determine how the State can get from As-Is to To-Be capability level	Tasks: 1. Document SS-A Profile in new CMS tool 2. Analyze the results of survey(s) 3. Conduct facilitated group sessions to obtain clarifications, as needed
Outcome: MITA Roadmap	
Tasks: 1. Determine To-Be themes 2. Associate To-Be themes with State initiatives 3. Plan and facilitate a prioritization session with leadership 4. Develop roadmap based on priorities (includes high-level schedules, scope, and cost)	Tasks: 1. Determine To-Be themes 2. Associate To-Be themes with State initiatives 3. Plan and facilitate a prioritization session with leadership 4. Develop roadmap based on priorities (includes high-level schedules, scope, and cost)

As a summary, between November 2014 and January 2015, Public Knowledge worked with WDH to administer thirteen (13) surveys in order to collect information relating to Wyoming's As-Is and To-Be capability levels for each of the eighty (80) MITA business processes, three (3) Technical Architecture service capabilities, four (4) Information Architecture component capabilities, and alignment with the Seven Standards and Conditions. Surveys also collected the location of associated process and performance measurement documentation. By completing each survey, Subject Matter Experts (SMEs) identified As-Is and To-Be capability levels.

The diagram below demonstrates our overall approach to the SS-A, and describes how the SS-A was divided into four steps. Each step is described in detail below.

Figure 1-2 MITA SS-A Approach Overview

Planning and Orientation	As-Is and To-Be Capabilitiy Collection	Gap Analysis and SS-A Profile Developement	Roadmap and Concept of Operations
•Identified Subject Matter Experts •Conducted MITA 3.0 Kick-off and Orientation	•Developed and distributed Surveys •Collected As-Is and To-Be Levels •Collected current realities and future vision requirements •Collected process and performance measurement documentation	•Conducted survey follow-up sessions •Analyzed Survey Results •Devoloped SS-A Profile •Developed To-Be themes	•Conduct Executive Visioning sessions •Document Medicaid IT Strategy •Review MITA To-Be themes against strategy •Prioritize IT and business transformation opportunities

1.3.1 Planning and Orientation

During the planning and orientation step of the MITA SS-A, Public Knowledge conducted a MITA 3.0 Orientation to inform WDH leadership and staff of the components of MITA Framework 3.0, the purpose of the MITA SS-A, how the assessment would be conducted, and expectations for WDH leadership and staff participation. The Project Team's goal was to provide guidance to the survey participants that would enable them to assess and communicate their knowledge and experience via the surveys. In addition, explaining the benefits of utilizing the MITA 3.0 Framework from a business process perspective was presented to increase subject matter participation and interest in the survey process.

MITA 3.0 Kick-off and Orientation focused on

- Overview of MITA

- MITA mission, goals, and objectives

- Benefits and usefulness of MITA

- History, evolving MITA framework

- MITA Components

- Wyoming's SS-A approach and schedule

1.3.2 As-Is and To-Be Capability Collection

During the As-Is and To-Be capability collection step of the MITA SS-A, the Project Team developed and distributed thirteen (13) surveys designed to elicit an As-Is and To-Be capability level for each of the eighty (80) business processes in the Business Architecture, the technical service areas in the Technical Architecture, components of the Information Architecture, and the Seven Standards and Conditions.

Instead of creating process documentation from scratch specific to MITA 3.0, Wyoming's MITA 3.0 SS-A leveraged existing procedural documentation and business process maps to utilize as the As-Is documentation. In addition, the Project Team identified key survey recipients and distributed the surveys to business process owners, technical SMEs, and information/data SMEs to collect current and future capability considerations and levels, which are used to populate the MITA CMS Profile.

1.3.3 Gap Analysis & SS-A Profile Development

Once the Project Team closed data collection on the surveys, the Gap Analysis and SS-A Profile Development step of the MITA SS-A was undertaken. During this step, the results of the surveys were analyzed and any variances in capability levels recorded in the survey were resolved via three (3) follow-up sessions with SMEs. Results of these follow-up sessions were incorporated into the SS-A profile and Gap Analysis results.

1.3.4 Roadmap

During the Roadmap and Concept of Operations (COO) step of the MITA SS-A the vision for the Wyoming Medicaid enterprise and develop the Medicaid enterprise Concept of Operations was documented through a series of facilitated visioning sessions.

Using the To-Be themes, and other strategic visioning information as an input a facilitated session was conducted to identify and prioritize high-level strategic IT and business process transformations required to reach the To-Be vision capabilities identified in the MITA SS-A

.

2 – Concept of Operations

This Section describes the COO, which is the vision of the Medicaid enterprise in its current and desired forms. Wyoming's Medicaid enterprise environment identifies closely with the traditional picture described in the MITA 3.0 Framework.

"Current Medicaid operations include a number of business processes that support the SMA responsibilities and interface with its primary business partners (beneficiaries, providers, and other stakeholders). There are many deficiencies in the current operations:

- *Administrative burden*

- *Time lags*

- *Labor intensive processes*

- *Lack of standardized, consistent, and complete data*

- *Redundant services and data collection*

- *Lack of clinical information*

- *Limited collaboration among the many entities that serve the population (e.g., Medicaid, Medicare, substance abuse, mental health, public health, and others)"* [1]

WDH intends to draw from technological and process improvements available nationally and via new components to move its current COO from siloed processes and systems requiring manual steps to one that enables a layered environment to support centralized, real-time access to clinical data, claims data, and financial data. To achieve these goals, WDH will focus on use of business intelligence tools and enterprise service technology to promote centralized access to data. The As-Is and To-Be COO components are included in Table 3-1 below. Ultimately, the improvements and updates pursued will be utilized to produce a complete picture of Wyoming and federal benefit clients. These improvements aim to enhance service delivery while making the process more cost effective. In addition, these improvements will reduce administrative activities and emphasize Wyoming Medicaid enterprise's core business and services.

---

[1] CMS MITA 3.0 - Part I – Business Architecture Appendix A– Concept of Operations Details 3.0

COO Figure 2-1 below will show the desired transformation of the Medicaid enterprise.

Figure 2-1 – COO Diagram
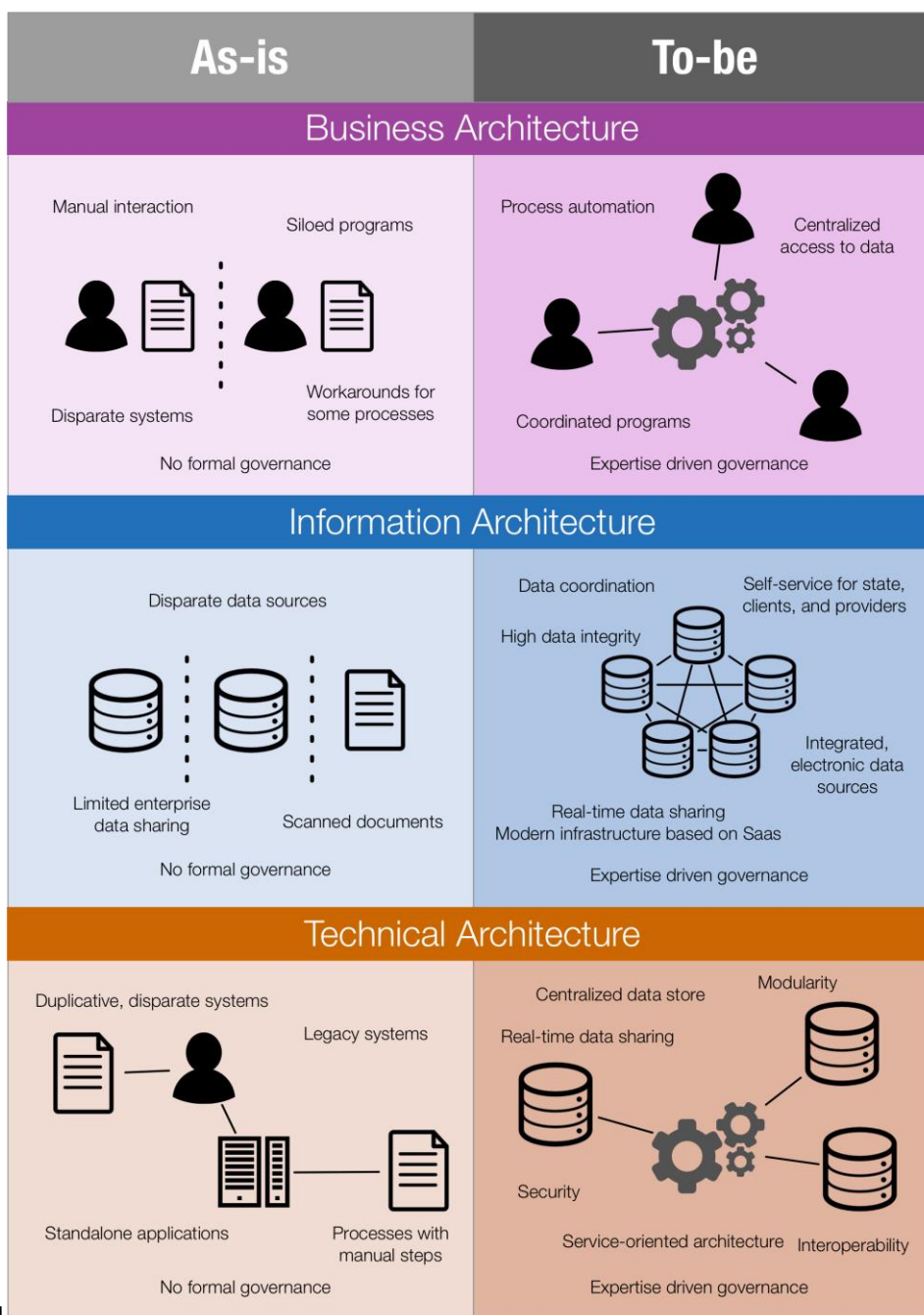
anal

Table 3-1 below summarizes the key components of Wyoming's COO.

Table 3-1 Summary of COO Components

Business Architecture	
Component	**Description**
As-Is	
Manual Interaction	Currently, WDH staff engages in complex business communications and interactions across programs and divisions with manual steps included for some processes.
Siloed Programs	Current program information is generally maintained separately. This often results in redundant data collection by multiple programs and division entities which often complicates coordination and reporting and analysis. The current data warehouse focuses exclusively on MMIS data. Other systems report from their application databases.
Disparate Systems	Legacy systems were designed to conduct and support fundamentally distinct business functions and processes. In the current environment, these disparate systems fail to effectively meet today's information management and exchange needs by the Wyoming Medicaid enterprise.
Manual steps, including some paper based processes	Legacy systems designed to conduct and support fundamentally distinct business functions and processes fail to effectively meet today's information management and exchange needs by the Wyoming Medicaid enterprise, resulting in the use of some paper to work around system and process limitations.
To-Be	
Process Automation	A business process model that promotes immediate, informed decision-making capabilities and improved results.
Coordinated Programs	Where appropriate, re-evaluation of processes are triggered automatically so related activities/validations occur, in accordance with WDH processes.
Centralized Access to Data	Reduction in administrative activities resulting in a shift toward greater emphasis on Medicaid enterprise core business and services.

Information Architecture	
Component	**Description**
As-Is	
Disparate Data Sources	Siloed data. Multiple data sources result in increased data redundancy and high variability of data formats.
Siloed Programs and Data Collection	Current systems have been designed by focusing on the data needs of individual programs without building a governance architecture framework to guide data consistency, efficiency and direction across the Medicaid enterprise. The current data warehouse focuses exclusively on MMIS data. Other system report from their application databases.
Scanned Documents	Current solutions do not support all of the business information needs. Users store information electronically as scanned documents in legacy systems.
To Be	
Electronic Data Coordination	Improved coordination of benefits using integrated profiles that incorporate health and administrative data.
Self Service for State, Clients, and Providers	Improved access to accurate information through robust self-service capabilities and efficiencies that promote Medicaid enterprise business processes.
Integrated Electronic Data Sources	A collection of modules (or subsystems) that utilize a logical data model functioning as a single system to enable efficient access to information management and sharing across the Medicaid enterprise.
High Data Integrity	Assurance of consistency and accuracy of data used by and within the Medicaid enterprise.

| Technical Architecture	
Component	**Description**
As-Is	
Duplicative, Disparate Systems	Legacy systems were designed to conduct and support fundamentally distinct business functions and process. In the current environment, these disparate systems fail to effectively meet today's information management and exchange needs by the Wyoming Medicaid enterprise.
Legacy Systems	Systems built on old architectures and programming languages that are difficult to maintain and enhance as policy and business rules change.
Standalone Applications	Programs that by nature are designed to run independently of each other. However, the result lacks cohesion, and prevents the creation of an integrated technical environment.
Scanned Documents	Current technical solutions do not support all of the business information needs. Users store information electronically as scanned documents in legacy systems.
To-Be:	
Modularity	Modular system design that uses open interfaces, public application programming interfaces (API), and separates business rules from core programming.
Centralized Data Store	Robust data warehousing, reporting, and business intelligence (analytics and predictive modeling) that automate reporting and allow business users easy access to relevant data and information.
Real-time Data Sharing	Ability of systems to share data seamlessly through open interfaces, eliminating data redundancy and potential for data discrepancy.
Security	Best practices and industry standards adherence to ensure that system controls and safeguards protect information assets through the use of technology in order to protect the Wyoming Medicaid enterprise from security loss or damage.
Service-oriented Architecture	A technical design pattern in which application components provide services to other components that is independent of any vendor, product, or technology.

3 – MITA SS-A Summary of Key Findings and Themes

This Section provides an overview and high-level summary of the capability levels and themes from Wyoming's SS-A. A detailed listing of the business categories and business processes, As-Is and To-Be capability levels, as well as gap analysis findings from this assessment, can be found on Wyoming's MITA SS-A Site at https://sites.google.com/a/wyo.gov/wyoming-mita-3-0/.

3.1 Business Architecture

The MITA Business Architecture is comprised of ten (10) Business Areas that generally apply to all state Medicaid enterprises. Each Business Area includes a number of business processes and these business processes are further differentiated by classification in a Business Process Category. There are eighty (80) business processes in total. The following graphic represents the ten MITA Business Areas.

Figure 3-1 – MITA Business Areas
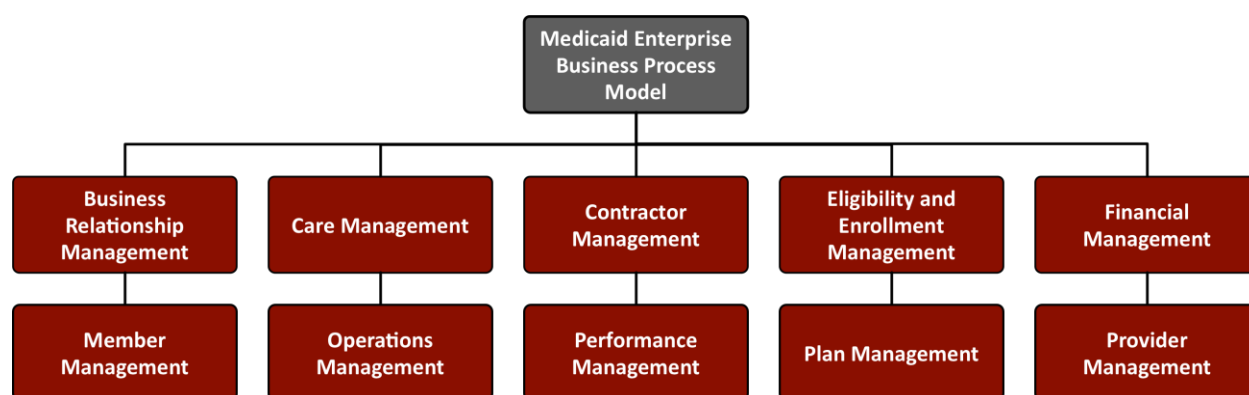
MITA assessment surveys were open for data collection from November 2014 to January 2015. The thirteen (13) surveys were completed by SMEs across these business areas. These surveys documented use cases for each of the eighty (80) MITA business processes and identified the As-Is and target To-Be capability level for each process. Mapping of the eighty (80) business processes to these ten (10) business areas can be found on the Wyoming's MITA SS-A Site noted above.

MITA Framework 3.0 generally describes the five (5) capability levels as follows:

- **Level 1** – primarily manual, uncoordinated, staff intensive.

- **Level 2** – moving to more electronic, more coordination within the agency, less staff intensive.

- **Level 3** – automated information collection, decision-making is automatic using standardized business rules definitions, adoption of Standards (MITA Framework, industry standards, and other nationally recognized standards), and intrastate agency/entity information exchange.

- **Level 4** – near real-time availability of information, processes use clinical information that result in immediate action/response/results, interstate agency/entity information exchange.

- **Level 5** – real-time availability of information, processes improve further through connectivity with other states and federal agencies, most processes execute at the point of service, results are almost immediate, national agency/entity information exchange.

The following guidelines were considered in assigning the capability level for each State business process:

- The business process must meet all criteria listed for the capability level in the Business Capability Matrix for the State to assign a particular capability level.

- The lowest business capability level assigned to a business process for one of the six components will dictate the overall maturity level for that particular business process based on the six components of the MITA Maturity Model.

- The lowest business capability level assigned to a business process will dictate the overall maturity level for that particular business area. This not only follows the guidelines provided in the MITA 3.0 Framework, but WDH also believes that adjusting to the lowest level business capability sets a reasonable goal for future growth within the business process and overall business area.

The levels are intended to communicate the capability of the business process/area in relation to the six components of the MITA Maturity Model. These components are:

1. Timeliness of the Process

2. Data Access and Accuracy

3. Cost Effectiveness

4. Effort to Perform; Efficiency

5. Accuracy of Process Results

6. Utility or Value to Stakeholder

The following graphic presents the current and future business capability level of the MITA business categories under each business area, based on assessment of the 80 business processes. The results of the Business Architecture Assessment, which includes the To-Be Future Vision for each MITA business process, are detailed below.

Over the next three (3) to five (5) years, WDH is planning a number internal business process improvement projects and procurement of new services in order to increase its business capability levels. The mid-term goal (5+ years) is to develop the growth of all business areas to a level 3 maturity level or higher. The results of this MITA 3.0 SS-A set the groundwork for the roadmap and the procurement strategy described in the Sections below.

Figure 3-2 – Summary MITA As-Is and To-Be Business Architecture Capabilities

Business Categories
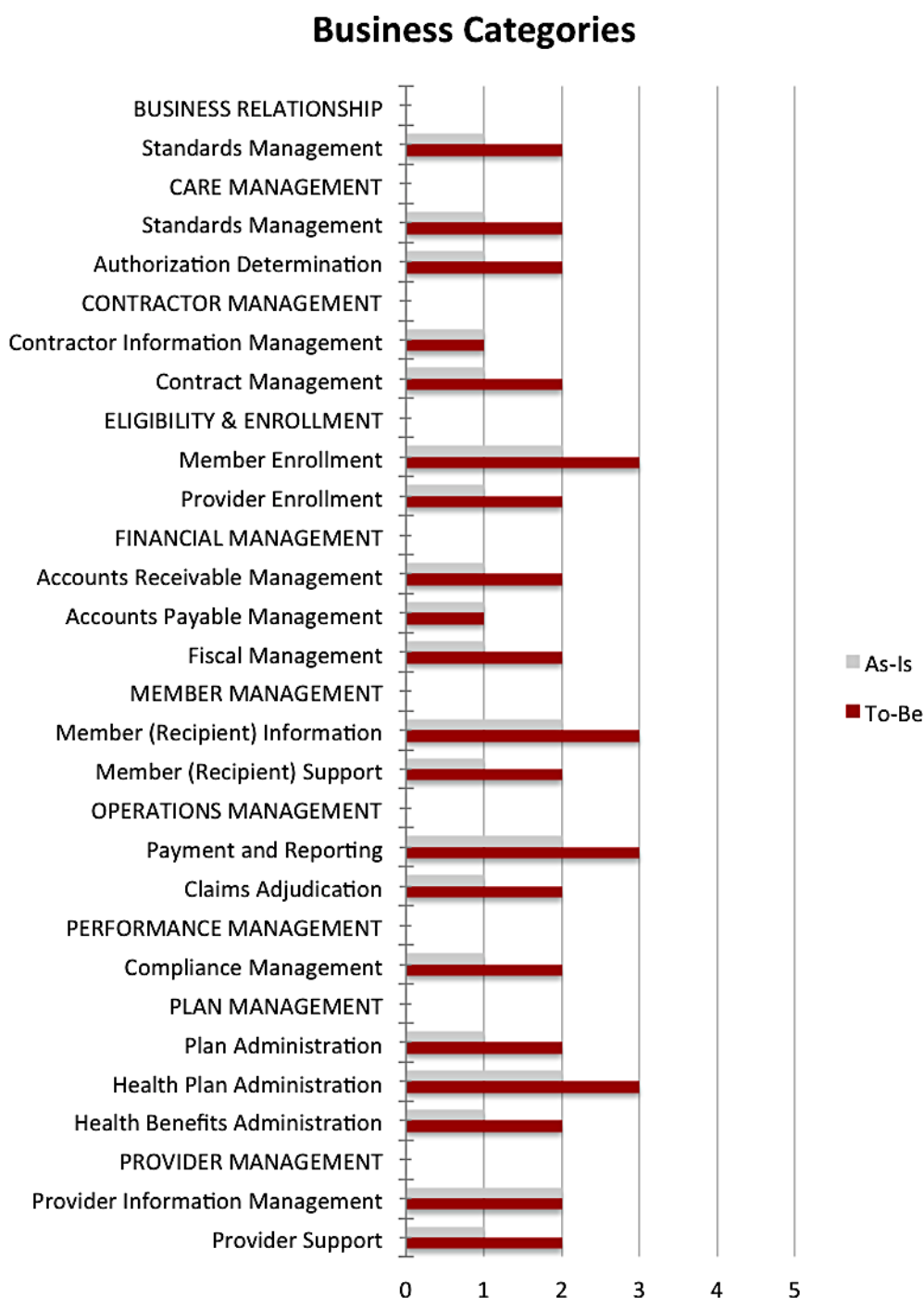
The business categories are used in the above figure to highlight more detail regarding the As-Is and To-Be capability levels determined by SMEs. As described in the guidelines above, many of the capability levels may only be constrained by one of the six components of the MITA Maturity Model. Furthermore, some of the business processes that have recorded

lower capability levels reflect limitations that are created by systems outside of the Medicaid enterprise (e.g., State Auditor's Office, Attorney General's Office, and Procurement Office). However, WDH plans to strive for a level 3 or greater for all business processes, technology services, and information services that are maintained by the Medicaid enterprise.

The Project Team analyzed statements collected from SMEs via their responses to the thirteen (13) MITA surveys. This analysis identified fourteen (14) To-Be Themes. These To-Be Themes are a consolidated view of the To-Be items identified for each of the business areas/processes. These To-Be Themes represent the needs and desires of the Wyoming Medicaid enterprise staff that will move the organization from its current state of MITA maturity to an improved state for conducting business. The following themes describe functionality that will assist Wyoming in improving the way it administers its programs.

Table 3-1 To-Be Themes

Theme	Description
Automated Workflow Management Tools	Wyoming desires automated solutions that establish process sequence, as well as work queues that allow process steps, activities, and tasks to flow from one worker's queue to another.
Care Management Tool	Wyoming desires a modern care management tool that will provide centralized access to client data. The ideal solution incorporates data interfaces to share information within and external to WDH, supports electronic forms, includes alert functionality, system generated correspondence, and increases automation and workflow management.
Electronic Contract Management system	Wyoming is looking to improve access to procurement documents and contract information through use of a centralized repository in which everyone who requires secure access to documents for comment, review, and approval is able to access the documents. This technology would provide the ability to securely and electronically approve and sign contracts, securely exchange data with approved entities, and improve document sharing.
Electronic Financial Management	Wyoming desires the ability to electronically approve, sign and pay invoices across all programs and providers. This also includes the ability to electronically approve, sign, and pay WHIPP premiums.
	Enhanced ability to report on accounts payable. The State will require the ability to interface with the state accounting system and

Theme	Description
	the new MMIS solution in addition to maintaining and enhance existing accounting data functionality.
Enterprise Data Warehouse with Business Intelligence	Wyoming desires a solution that provides robust data warehousing, reporting, and business intelligence (analytics and predictive modeling) options. The solution would also provide options to automate reporting, including the ability of users to designate reports for generation at specific intervals, and the ability to set parameters for ad hoc reports. This also includes the ability to search user defined data elements.
Implement Electronic Signatures	Electronic signatures would improve timeliness of processes (i.e. provider enrollment and contracting), and increase collaboration between WDH and other agencies.
Improved Collaboration and Data Exchange with External Agencies and Stakeholders	From commercial carriers, to other agencies, to federal partners, WDH desires to improve collaboration and coordination with other agencies and stakeholders to share clinical and administrative data and reduce costs while improving outcomes.
Modern, Modular, Configurable, and Compliant Claims Processing Solutions	Wyoming desires a solution that allows for quick changes to reflect changing business requirements. The components of this solution will need to meet the following criteria: ▪ **Modern.** Solutions must utilize a flexible, configurable business rules engine. The solutions must utilize industry standards to interface with other data sources to increase access to data. The solutions will assist the State with moving towards more electronic processing and include automation of both client and provider communications. The solutions will also be able to support flexible payment methodologies, including coordination of benefits and member premium payments. ▪ **Modular.** Solutions must provide the ability to support constantly changing business needs and federal regulation. The solution may also be able to support one or more services described in other To-Be Themes in this list. ▪ **Regulatory Compliant.** The system will maintain or exceed compliance with all State and federal transactions and processing standards including: HIPAA, ACA, and standard financial transactions.
More Sophisticated Data Gathering	Wyoming seeks a mechanism to capture clinical information in addition to claims data and provider progress notes. Behavioral health data is not currently as complete as it could be, due to a lack

Theme	Description
	of data sharing between Medicaid and state run Mental Health programs. The Division of Behavioral Health's Wyoming Client Information System (WCIS) does not crosswalk to the Medicaid claims data. There is no linking mechanism (i.e. Master Client Index, or common identifier) to facilitate the data sharing. Data Warehouse functionality will enable all data to be stored in a central repository on a single platform.
Pharmacy Benefit Management (PBM) System Procurement	Wyoming is looking to acquire a pharmacy system with a modern, configurable solution to manage pharmacy benefits and claims, using industry standards. The solution should be able to manage bi-directional interfaces with multiple databases, including federal databases used to validate pharmacy providers.
Program Integrity Management System	Wyoming desires a solution that provides centralized access to claims data, member data, and provider data that can then be used to initiate, track, and manage activities for fraud, waste and abuse. This solution will also allow inbound and outbound interfaces to enhance the data available for research and reporting.
Provider Portal	Wyoming desires a web-based solution to improve its ability to manage provider information, communication, and outreach.
Standardize Policies Across all Divisions and Units.	Develop new policies or enforce existing policies to standardize and improve processes. Standardize the Wyoming Department of Health's use of technology.
Wyoming Eligibility System (WES) Implementation Completion	In progress, there are components under the WES contract that will improve the capability levels of many processes; i.e., implementation of the electronic document management system, process automation, and completion of data interfaces.

3.2 Information Architecture

The Information Architecture describes information strategy, architecture, and data. Information gathered via the Information Architecture surveys, along with the To-Be themes identified from the Business Architecture surveys, shape these considerations for the future state of Wyoming Medicaid enterprise's Information Architecture in relation to MITA standards. The following list contains the themes identified during the SS-A for the Information Architecture that will provide the framework for achieving the To-Be levels for all MITA business areas.

Table 3-2 Information Architecture To-Be Themes

Theme	Description
Data Governance	Develop a data governance structure that promotes the creation of models for data sharing, the formation of metadata definitions for shared Medicaid information, and controls data redundancy. Governance of data management exists in some areas but does not reach across the enterprise.
Common Data Management Strategy	Develop a common data management strategy that addresses data flow over time and keeps pace with changes to the Medicaid program.
Common Data Architecture	Adopt a single data architecture so that common data entities and attributes can be identified and are used across all business workflows. Current data architecture occurs in silos and is unique for each contract.
Conceptual Data Model (CDM) and Logical Data Model (LDM)	Build enterprise models that integrate into systems that currently exist using architectural standards for interoperability. Define the CDM and LDM at the enterprise level that reflects all major and peripheral systems and document the flow of information between the systems.
Common Data Standards	Develop common data standards to ensure the universal understanding of data so that information can be shared with common meaning and interpretation. Currently, data standards are not defined for all WDH systems.

The following graphic presents the current and future capability level for each component of the Information Architecture.

Figure 2-3 – Summary MITA As-Is and To-Be Information Architecture Capabilities
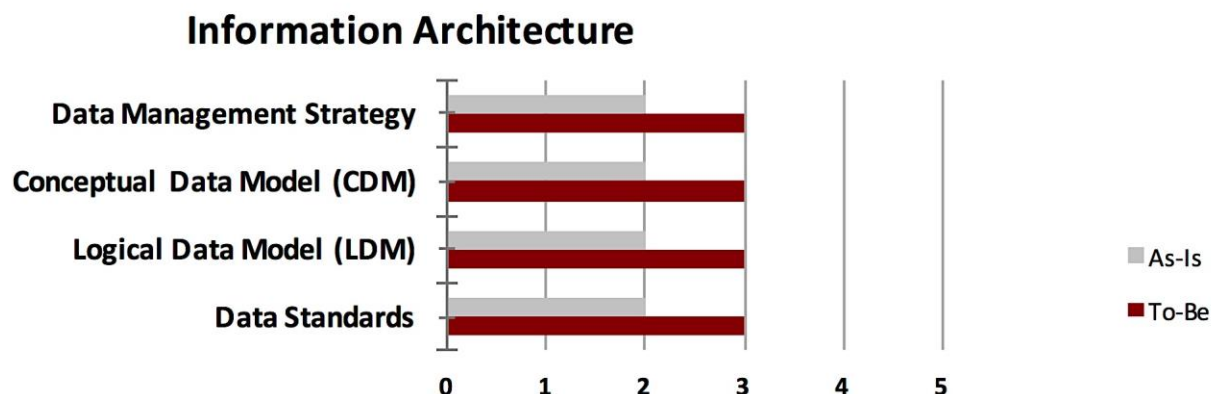
3.3 Technical Architecture

The Technical Architecture Framework is a collection of three Technical Service Areas (TSAs) similar to business areas in the Business Architecture model and fifteen (15) associated Technical Service Classifications (TSCs) (similar to business processes in the Business Architecture model). Information gathered via the Technical Architecture survey, along with the To-Be Themes identified from the Business Architecture surveys, shape these considerations for the future state of Wyoming Medicaid enterprise's Technical Architecture in relation to MITA standards. The technical architecture themes identified during the SS-A are summarized below. These themes provide a technical foundation for moving Wyoming to the desired To-Be levels within the MITA maturity model.

Table 3-3 Technical Architecture To-Be Themes

Theme	Description
Portal Strategy	Access and delivery of information to clients and providers is a key tenet of Wyoming's Medicaid enterprise. To ensure the most efficient and highest benefit to its stakeholders, WDH will need to develop a common portal strategy targeted at clients and a second portal strategy for providers. Additional functions would need to be added for clients to expand as information and interactive functions are currently limited. Provider functions are currently more robust but are spread across multiple systems. Create a cohesive vision for the member portal to include multiple touch points.

Theme	Description
Enterprise Architecture	Implement and utilize a system architecture that supports reusability of business and technical services, follows a standard configuration methodology and allows for easy adaptation over time as the Medicaid program evolves.
Enterprise Data Warehouse with Business Intelligence	Develop a central repository of information to be used for analysis of health services programs. Implement reporting tools that are designed for business users and allow them to generate dynamic/ad hoc reports, as well as standardized or "canned" reporting capabilities.
Technical Security Controls	Security to enhance include a combination of administrative, management, physical, and technical security controls. The technical security controls should include logical access control mechanisms identification and authentication mechanisms and system and communication protection.
Modern, Modular, Configurable, and Compliant Medicaid Enterprise Solutions	Develop strategies for the deployment of solutions that support changing business rules, workflow, reporting, portal, and interface management. Configurable systems will allow for adaptation of the system by staff with program knowledge over time as program policies and rules change by staff with program knowledge rather than relying on costly modification of the underlying computer code.

The following graphic presents the current and future capability level for the Technical Architecture.

Figure 3-4 – Summary MITA As-Is and To-Be Technical Architecture Capabilities
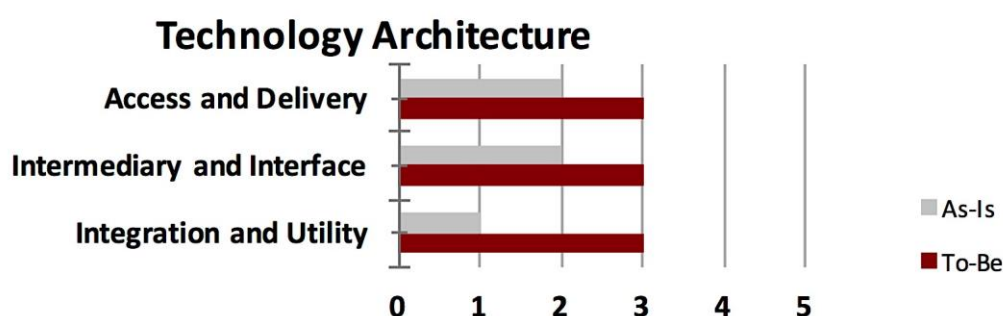
## 3.4 Seven Standards and Conditions

CMS released the final regulation establishing the Seven Standards and Conditions in April 2011. States intending to qualify for enhanced federal funding for IT investments must describe in their request for funding how the investment will meet the Seven Standards and

Conditions. The Seven Standards and Conditions that must be met to receive federal funding are:

1. **Modularity Standard**: Use of a modular, flexible approach to systems development.

2. **MITA Condition**: Requires states to align with, and advance increasingly in, MITA maturity for business, architecture, and data.

3. **Industry Standards Condition**: Ensures states' alignment with, and incorporation of, industry standards.

4. **Leverage Condition**: Promotes solution sharing, leverage, and reuse of Medicaid technologies and systems within and among states.

5. **Business Results Condition**: Supports accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.

6. **Reporting Condition**: Requires states to produce transaction data, reports, and performance information.

7. **Interoperability Condition**: Ensures seamless coordination and integration with the health insurance exchange (whether run by the state or federal government), and allows interoperability.

The following graphic presents the current and future capability level for each of the Seven Standards and Conditions.

Figure 3-5 – Summary MITA As-Is and To-Be Seven Standards and Conditions Capabilities

Seven Standards and Conditions
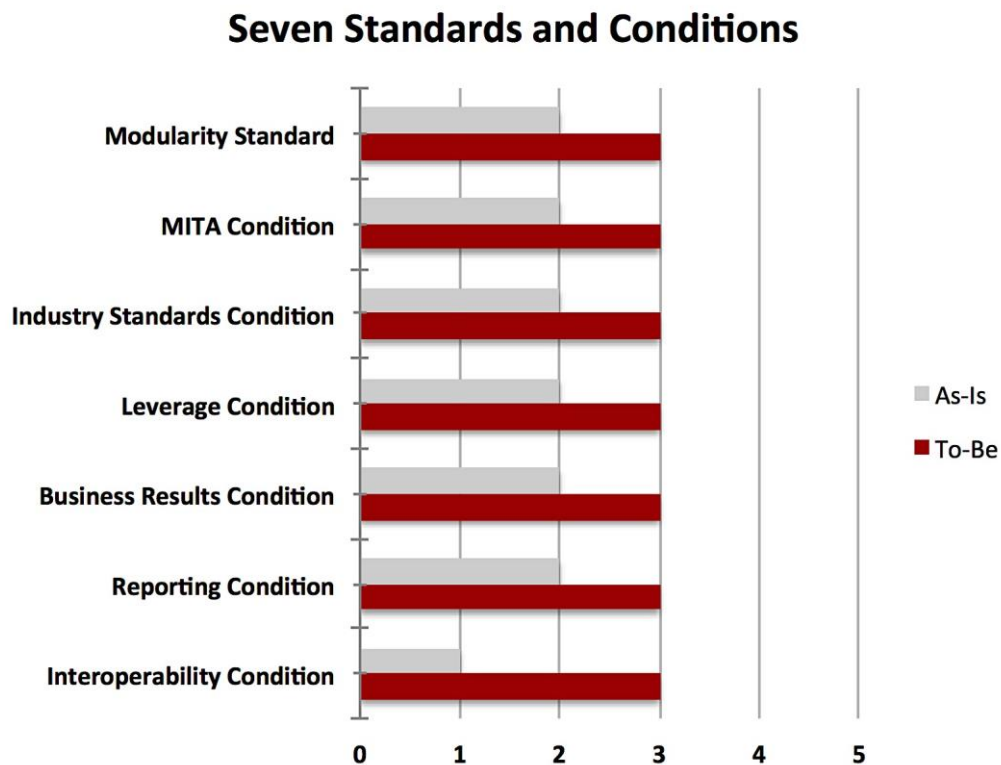
4 – WINGS Project Alternatives Analysis

This Section provides a high-level summary of the planning efforts that result in the WINGS Project that encompass the top four (4) priorities identified in the Roadmap.

The current Wyoming MMIS supports essential business functions of the Wyoming Medicaid program related to payment of claims submitted by health care providers for services to enrolled Medicaid recipients. Wyoming's MMIS was implemented in 1993. The system supports Health Insurance Portability and Accountability Act (HIPAA) compliant electronic claims submission, online adjudication, claims payment, and reporting based on services rendered to eligible recipients. The MMIS processes fee-for-service claims and supports other capitated payment models. Examples of other programs are the Program of All-inclusive Care for the Elderly (PACE) and the Care Management Entity for Children with Serious Behavioral Challenges (CME).

The current Wyoming MMIS was designed and functions primarily as a financial and accounting system for paying provider claims. Other business functions, such as prior authorizations or care coordination activities, have been incorporated as separate sub-systems using customized programming and file structures. The customization makes it difficult to share information across systems and applications, which results in decreased efficiency and ineffective management reporting.

Based on planning efforts for the WINGS Project, seven primary alternatives were identified for analysis. These alternatives offered a broad set of options reflecting traditional MMIS solutions, maintaining the current MMIS, and emerging solutions for conducting claims processing and supporting activities through a services approach.

Brief descriptions of the seven alternatives considered by project leadership are included in Table 5-1 below.

Table 4-1 Alternatives Considered for Wyoming MMIS

Alternative 1a - *Acquire a Replacement MMIS; Acquire a single vendor MMIS*	This alternative entails acquiring an MMIS, typically a transfer system from another state, and modifying it for use in Wyoming. This alternative is a single vendor model for system and fiscal agent services. Wyoming has experience with this type of procurement, as evident in the current Xerox contract.
Alternative 1b - *Acquire a Replacement MMIS; Acquire multiple MMIS components*	This alternative entails acquiring multiple 'best of breed' system solutions to represent the components of the Medicaid enterprise. Typically, components (e.g., provider and member services, case management, utilization review, rate setting, medical services, data warehouse/business intelligence, pharmacy services, third party/collections) are procured separately from different vendors. Currently, Wyoming has some experience with this model because WDH separately procures the MMIS and Fiscal Agent services from the Pharmacy Benefits Management System (PBMS).
Alternative 2a - *MMIS as a Service; Complete / Entire MMIS Enterprise as a Service, Single Primary Vendor*	This alternative entails contracting out services for the majority of the MMIS enterprise. In addition to brokering out claims for various claim types (dental, pharmacy, professional, and institutional), the State would contract out provider and member functionality, call centers, web portals, and other similar support services. Processed claims data would be integrated into a data warehouse/business intelligence component, also managed through the contractor, including various business intelligence functions for data management, reporting, and potential enterprise decision-making.
Alternative 2b - *MMIS as a Service; Hybrid MMIS as a service with Components*	This alternative entails contracting out vendor services for various claim types, instead of for the entire enterprise as in Alternative 2a. For example, dental claims, pharmacy claims, professional claims, and institutional claims could all be brokered out to one or multiple entities that currently process those claims in a commercial environment. Some aspects of the MMIS environment may be managed in-house, such as the member portal and data warehouse/business intelligence component, or developed by another vendor.

Alternative 3 - *State-to-State Partnership*	Under this alternative Wyoming would partner with another State that could support Wyoming's claims processing needs. In recent years, there have been additional working examples of this model and being funded by CMS. The State would need to negotiate a contract with another state in a partnership model.
Alternative 4a - *Maintain the Current MMIS: Maintain current core and all MMIS services as-is*	This alternative includes procuring services to take over maintenance and operations of the current MMIS, and that contractor would perform ongoing operational and system enhancement activities
Alternative 4b – Maintain the Current MMIS: Maintain core MMIS and update/refresh constellation systems/services	This alternative includes procuring services to take over maintenance and operations of the current core MMIS based upon a decision to keep that core claims processing MMIS system, and additionally, identify the supporting, constellation systems and services for update and/or replacement, such as the planned replacement of the PBMS system, provider and member portals, call centers, and other similar support services.

Following qualitative scoring and associated quantitative scoring using pre-defined criteria, Alternative 2b – MMIS as a Service; Hybrid MMIS as a service with Components – received the highest consensus quantitative score. As a result, Project leadership agreed to conduct further planning to proceed with this approach. Primary reasons for the scoring results are listed below:

- **Achievability:** WDH has the opportunity to modernize claims processes without the need for a 5-year DDI, which is typical for a traditional MMIS. Many MMIS implementations still experience schedule and budget overruns. This option may not be as risky in comparison to other options that require large system implementations. Claims processing solutions in the commercial insurance industry are proven for clients and Medicaid for certain claims type, but not from an enterprise perspective. Components can be broken out to make it more achievable and to purchase needed services. Some components could be more tightly controlled by the State. The State would need to streamline payment rules and policies in order to support this approach to reflect industry standards and current best practices.

- **Seven Conditions and Standards:** This alternative allows for modularity, interoperability, and industry specific standards. This approach would provide alignment with many aspects of MITA 3.0 and the Seven Conditions and Standards. It specifically supports the following Conditions and Standards from CMS: MITA Condition, Modularity Standard, Industry Standards Condition, Interoperability Condition, Leverage Condition, Reporting Condition, and Business Results Condition.

- **Resources:** System as a service alleviates burden on State staff to manage IT operations and systems integration for the MMIS. There are constraints to obtaining internal resources at the State and this option reduces requirements for DDI resources and technical resources. This option represents a shifting of resources that will be needed to manage the outcomes and the services, instead of IT processes and functions.

- **Technical Requirements:** Minimizes dependence on IT infrastructure. This solution does not require the purchase of a full or traditional MMIS solution. The solution is driven by components that allow the opportunity to customize. A challenge will be ensuring that components can operate together, but WDH would not be tied to specific infrastructure.

- **Compliance with Business Objectives**: This alternative meets the Project's business objectives. These include:

  o Increasing business process efficiencies,

  o Providing adaptability (flexible, rule-based, modular, configurable solutions to enhance decision-making and increase management efficiencies),

  o Conducting performance-based contracting,

  o Providing cost efficiency and effectiveness by leveraging existing COTS, SaaS, and existing marketplace solutions.

- **Cost Analysis.** There is the potential to reduce costs for implementation in comparison to a traditional MMIS replacement, especially with a reduced DDI schedule. In addition, some vendors have suggested they would assume greater upfront financial risks associated with implementation of a service model.

5 – Wyoming's Medicaid Enterprise Roadmap

This Section highlights Wyoming's Road Map to move from the current As-Is environment to a To-Be vision. As part of the SS-A, the Project Team identified a list of To-Be future vision themes that were translated into enterprise healthcare-related projects. On April 7th, 2015 a facilitated meeting was held with WDH leadership to define and prioritize the Wyoming Medicaid enterprise healthcare-related IT projects and an action planning workshop was conducted on April 9th, 2015 to develop a Roadmap to address goals and objectives, as well as key activities and milestones, covering a five- (5) year outlook for proposed solutions. The projects defined during this workshop demonstrate the steps to be taken by the Wyoming Medicaid enterprise to improve in MITA maturity over the five- (5) year period.

Table 5-1 lists these projects in projected procurement order. High-level scope of the items to be included in each procurement for the WINGS Project are provided in Section 6.3.

Brief descriptions of the alternatives considered by project leadership are included in Table 5-1 below:

**Table 5-1 WINGS (MMIS Replacement Project)
Prioritized Wyoming Procurements and Projects**

WINGS Procurement / Project Priority
1. Quality Assurance/Quality Control – TAC Procurement
2. Pharmacy Benefit Management System and Services Procurement
3. Business Process Documentation and Policy Simplification Project (Internal Project)
4. System Integrator/Enterprise Service Bus/HUB Services Procurement
5. Independent Verification and Validation Procurement
6. Data Warehouse/Business Intelligence/Fraud, Waste, and Abuse Procurement
7. Benefit Management Services Procurement: a. Dental Benefits Management   b. Institutional Benefits Management   c. Professional/Medical Benefits Management

Table 5-2 Other Wyoming Medicaid Procurements [2]

Other Wyoming Medicaid Procurements
Medicaid Total Health Record (THR) Gateway
System Enhancement Services
Operation of Wyoming THR Gateway
Waivers System Procurement:
Waiver Eligibility and Enrollment
Plan of Care (POC) Management
Waiver Benefit Management Services
Client Customer Call Center Procurement:
Portal
Customer Service Center
Enrollment, Eligibility, and Claims Inquiry

---

[2] Other Wyoming Medicaid enterprise procurements that fall outside of the WINGS Project

6 – WINGS Procurement Strategy

This Section outlines WDH's WINGS Project procurement strategy to replace the legacy MMIS and Fiscal Agent services. It also includes a timeline for procurement and implementation activities.

6.1 Proposed Approach

WDH is planning a modular approach consisting of six (6) procurements. Requests for Proposals (RFPs) will be developed for:

1. Quality Assurance and Quality Control (QA/QC) and Technical Assistance Contractor (TAC) services

2. Pharmacy Benefits Management System (PBMS) including Point of Sale (POS) systems and Fiscal Agent services

3. System Integrator/ Enterprise Service Bus (ESB)/HUB Services

4. Independent Verification and Validation (IV&V) services

5. Data Warehouse (DW)/Business Intelligence (BI)/Fraud, Waste, and Abuse (FWA) systems and services

6. Benefit Management Services for Dental, Institutional and Professional/Medical Claims Processing. The Benefit Management Services will be released as a single RFP but may result in awards to separate vendors for Dental Claims Processing, Institutional Claims Processing, and Professional/Medical Claims Processing services. More details regarding the scope of the six (6) procurements can be found in Section 6.2 and 6.3 below. WDH will also conduct a procurement for Quality Assurance/Quality Control (QA/QC) Technical Assistance Contractor (TAC) services through the State's Enterprise Technology Services (ETS) Master Service Agreement (MSA) approach. The QA/QC TAC contractor will assist WDH throughout procurement and implementation activities to ensure solutions meet requirements and specifications to fulfill its intended purpose.

6.1.2 Wyoming Medicaid Enterprise Objectives

Wyoming Medicaid identified the following objectives for the collection of services and solutions that will make up the Wyoming Medicaid enterprise resulting from the procurements and projects covered under its Procurement Strategy.

Seven Standards and Conditions. Comply with the Seven Standards and Conditions, set forth by Centers for Medicare Medicaid Services (CMS), in order to receive enhanced federal financial participation (FFP). These are covered in the MITA 3.0 framework and an overview can be found at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf.

Flexible system platform. Meet MITA standards to accommodate future programs and initiatives.

Adaptable solutions. Enhance decision-making and increase management efficiencies.

Automate workflow management. Support the establishment of work queues allowing in-process documentation to flow from one worker's queue to another.

Enhance program reporting and data analytics. Implement business intelligence and data analytic services to enable accurate, real-time data and reporting that will meet changing business and management needs. The solution will be enterprise centric, which will enable access to other health care and program data typically not found in an MMIS, to support enterprise decision-making.

Provide standardized and automated electronic communication capabilities. Provide standardized communications with clients, providers, and other agencies. This standardization will allow WDH to move to electronic options for communications including a Web Portal and electronic messaging. In addition, standardization will support the ability to provide messaging in multi-language and multi-literate formats. These capabilities will result in timely communications that will lead to improved outcomes.

Centralized access to data. Provide real-time and centralized access to clients, providers, benefit plans, claims, and case and care management data and information for WDHs programs including Medicaid and Kid Care CHIP.

Electronic client management. Create an online, electronic client Web Portal that improves the client's ability to view and self-manage their information like claim status, benefit plan coverage, max out of pocket co-pays and co-pay limits, and other client related processes.

Electronic provider management. Create an online, electronic provider enrollment application Web Portal that will collect required information to support decisions regarding approval or denial of a provider's request to supply medical assistance. The online application will allow the attachment of supporting documentation to allow efficient decision-making. The solution would leverage an automated workflow so that data and documentation could be routed to appropriate units responsible for decisions on provider enrollment applications. In addition, providers may use an online portal to submit updates to their information; for example address changes or updated licensing information. Provider enrollment and communication will be provided and managed by services vendors processing the associated claim type(s).

Integration with State Data Warehouse. Ensure that the Medicaid solution is designed for bi-directional integration with the new Data Warehouse solution. This will require effective, seamless coordination of processes among all vendors merging data from multiple and external sources using a variety of tools.

6.1.3 Proposed WINGS Project Implementation Timeline

WDH has identified a phased approach to implementing the different solutions starting with the QA/QC TAC and PBMS procurements then conducting procurement and implementation activities work in three (3) to six (6) month increments for the System Integrator/ESB/HUB, IV&V, Data Warehouse/Business Intelligence/Fraud-Waste-Abuse, and Benefit Management Services scopes of work. Figure 6-1 below displays the planned procurement and implementation schedules for each component contained within the WINGS Project, as well as the MITA Roadmap for the Medicaid enterprise.

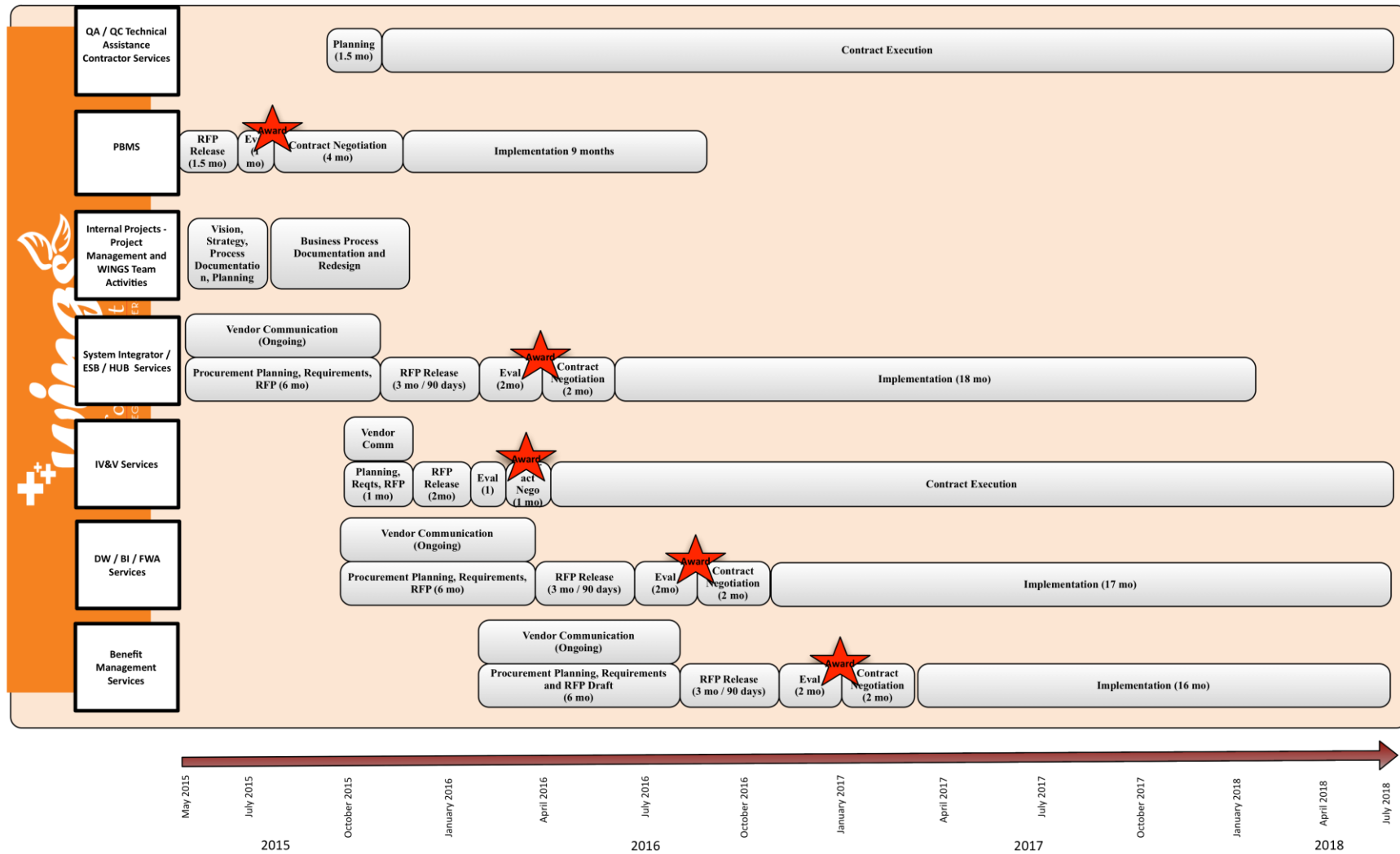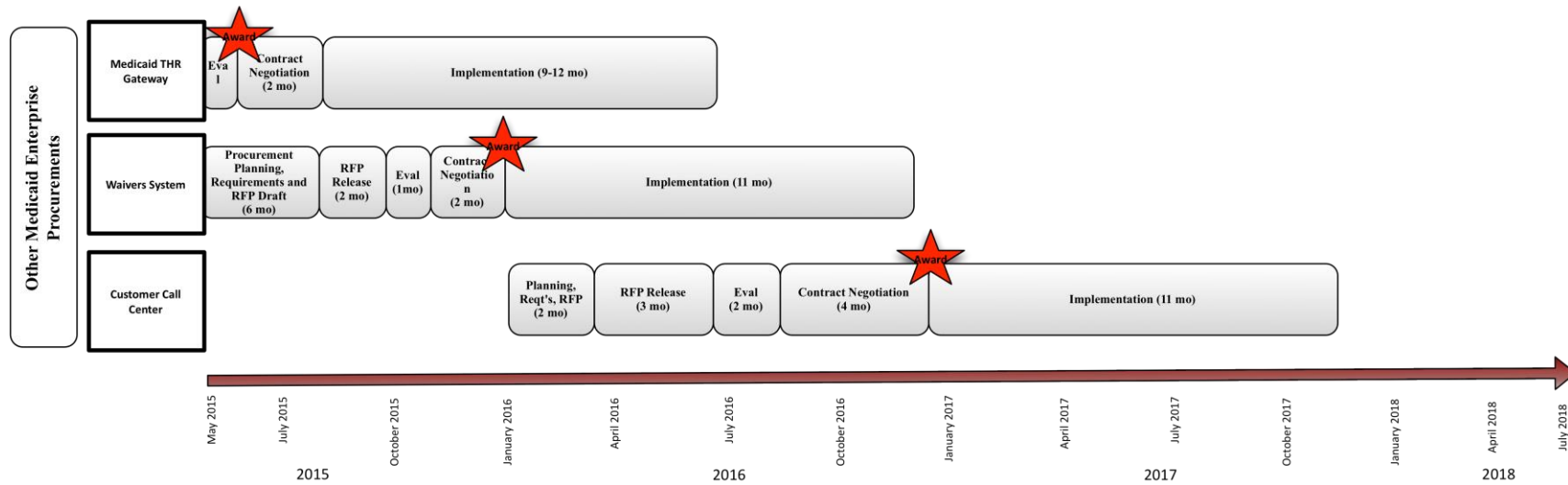**Figure 6-1 – MITA Roadmap: WINGS Procurement Strategy**

Figure 6-2 –MITA Roadmap: Other Medicaid Enterprise Procurements

6.2 Procurement Framework

The procurement framework for the WINGS Project includes tasks and activities that will culminate in contracts with vendors to provide services necessary to operate Wyoming's Medicaid program, in an MMIS as a Service model. In order to address the priorities and constraints of this procurement, the following strategies have been identified:

1. **Broker claims processing.** The decision to broker claims processing services instead of purchasing an MMIS allows the State to promote vendor competition and explore relationships with non-traditional MMIS vendors with experience in processing claims and supporting provider enrollment and network maintenance.

2. **Structure the RFP development timeline to include a 6 – 8 month business process analysis and simplification.** The business process analysis and simplification will allow WDH to take advantage of the cost savings and shortened implementation available with claims brokering. This phase will include a comprehensive review of Wyoming Medicaid payment and business processes with recommendations on how the Department can streamline or simplify the processes.

3. **Leverage input from vendor community in development of solution and services' requirements.** WDH will continue to collect information from industry vendors as they develop the six (6) procurements. The collection of information about solutions and services will occur through vendor fairs, meetings with vendors, and the annual Medicaid Enterprise Systems Conference (MESC). The ability to leverage existing solutions and services will be explored through the Wyoming approach. WDH intends to communicate status of procurement activities as often as possible to keep vendors interested in the procurements.

6.3 Desired Services

WDH expects specific functionality and services with each of the six (6) procurements. The following table provides a list of major components, desired high-level scope of functionality and services, and an approximate duration from planning to implementation/rollout for each component.

Table 6-1 Desired Services and High-level Scope

Procured Services by Component
1. Quality Assurance/Quality Control Technical Assistance Contractor Services Procurement
Quality Assurance/Quality Control services
Test Management
Risk Management
Technical Assistance
2. Pharmacy Benefit Management: System and Services Procurement
Pharmacy Claims Processing
Point of Sale
Drug Rebate including J Codes and Supplemental Drug Rebate Processing
Drug Utilization Review (DUR)
Preferred Drug List (PDL)
Provider/Member/Reference Data Management
Third Party Liability (TPL)
Medication Therapy Management (MTM)
Prior Authorization
Program Integrity for Fraud, Waste, Abuse
Pharmacy Call Center
Auditing
3. System Integrator/ESB/HUB Services Procurement
System Integration and Oversight
Enterprise Service Bus
Workflow Management
Electronic Data Interchange (EDI)
Benefit Plan Management
Business Rules Engine
Portals (Client, State/Operational Staff)
Provider Portal
Provider Enrollment and Management

Procured Services by Component
Electronic Signatures Acceptance and Management
4. Independent Verification and Validation Services Procurement
Independent Verification and Validation
5. Data Warehouse/Business Intelligence/Fraud, Waste, and Abuse Procurement
Data Warehouse
Business Intelligence
Dashboards
Analytics, Predictive Modeling & Random Sampling
Reporting Tools
Financial Reporting (Including Federal/CMS Reporting)
Fraud, Waste, and Abuse Analytics
Fraud, Waste, and Abuse Case Tracking
6a. Dental Benefit Management Services*
"As a Service" Dental claims processing
6b. Institutional Benefit Management Services*
"As a Service" Institutional claims processing
6c. Professional/Medical Benefit Management Services*
"As a Service" Professional/Medical claims processing

Released as one procurement and vendor could bid on one, some, or all.

The desired solutions and services procured are intended to represent functionality and services that will increase the State's ability to efficiently execute the responsibilities required by the Wyoming Medicaid program. Over the timeframe identified within this strategy, WDH will refine scope of the six (6) procurements through detailed requirements and production of each RFP.

6.3.1 Quality Assurance/Quality Control Technical Assistance Contractor Services Procurement

The objective for WDH is to secure the assistance of a Quality Assurance/Quality Control Technical Assistance Contractor that will act on behalf of the State to monitor all areas of WINGS project implementations for quality and completeness and to provide testing and auditing management, risk management and technical assistance to the State.

Quality Assurance/Quality Control Technical Assistance Contractor Services Scope

The preliminary, high-level scope of the Quality Assurance/Quality Control Technical Assistance Contractor Services procurement will include the following:

- Key functions of the QA/QC-TAC contractor include:

    1. Test Management and auditing of quality and completeness of all testing activities including creation of test plans, test cases, conducting testing and confirmation of results.
    2. Risk Management for oversight of identification and mitigation of all risks identified by contractors, ensuring risks are escalated to the appropriate decision makers within the agency to allow appropriate mitigation of those risks.
    3. Technical assistance and advise on all technical details of the systems/services' implementation for all projects.

- Secure a set of services and skill sets to define, implement and guarantee a high standard of quality is met throughout the project lifecycle.

- Assist the State with all testing requirements related to the WINGS project.

- Help the State develop the requirements, proposed system design, current and anticipated business processes including workflows, for the WINGS project.

- Identify all risks, advise the WINGS technical project manager of those risks, and recommend a risk mitigation strategy.

- Integrate QA/QC-TAC services into the WINGS project so that the transition of each sub-project to operations phase including CMS certification will be successful. The

contractor will define and implement quality standards for all documentation and assure completeness of all deliverables, test plans and test results.

- Develop a Quality Management Plan that covers all phases and functions of the WINGS project system and services. Integrated into the Quality Management Plan would be the following areas of focus:

  - Quality management and standards

  - Knowledge transfer to the State

  - Requirements review and monitoring

  - Operating environment

  - Software development

  - System and acceptance testing

  - Data management (including conversion and interfaces)

  - Transition between the incumbent and the new contractor's systems/services.

- Provide a work breakdown structure (WBS) for all QA/QC-TAC activities for State approval.

- Schedule, facilitate and document in writing all project meetings that are part of the QA/QC-TAC scope of work.

- Apply a defined method and set of standards for defects, problems or issues detected in QA/QC reviews, which will be used to identify and report such defects or issues.

- Provide quality reviews, quality assurance and quality control audits throughout the duration of the WINGS project, for the following:

  - Deliverables

  - Test plans

  - System documentation

  - Business processes and procedures

  - Data conversion

- o Interfaces

- o Transition between the incumbent and the new contractor's systems/services

- ▪ Cooperation with all other contractors on the WINGS project to ensure a smooth integration and transition to State operations.

- ▪ Provide technical assistance to all State units for test plan development, execution of test plans/test cases during all testing phases.

- ▪ Review all test results and report areas of issues and risk from each testing phase including unit, system integration, regression and parallel testing, and, user acceptance testing.

- ▪ Assist and supplement State subject matter experts (SME) with performance of user acceptance testing (UAT) and integration testing as identified and needed by the State.

- ▪ Review and provide technical assistance on all new or modified State operational procedures prior to submittal to the State management for approval.

- ▪ Produce a "go live" checklist and execute the checklist to assess operational readiness.

- ▪ Monitor operational readiness and identify risks and issues for resolution prior to "go live" and react in a timely manner to any issues that arise during go-live. Monitor post go-live operation for the initial month of operations.

- ▪ Set standards for all transition plans and approve all transition planning and related activities.

- ▪ Provide expertise and administrative support to the State on MMIS certification process preparation and assist the State to achieve compliance with all CMS certification requirements within the minimum time period allowed.

6.3.2 Pharmacy Benefit Management System and Services Procurement

WDH expects the Pharmacy Benefit Management System and Services contractor to configure existing Commercial off-the-shelf (COTS) solutions and provide services to support pharmacy claims processing, coordination of benefits, and other administrative services where possible, rather than developing custom solutions for the State. WDH

expects proposers to identify the solutions to support the primary services, including proprietary systems. WDH intends to communicate status of procurement activities as often as possible to keep vendors interested in the procurement. The preliminary scope identified for the procurement is highlighted on the next page.

Pharmacy Benefit Management System and Services Scope

The preliminary, high-level scope of the Pharmacy Benefits Management Services procurement will include the following:

- Project phase requirements such as: project planning; implementation of services; pharmacy benefit management operations; turnover of systems to a new vendor, when required; technical, architectural, and systems integration with other WINGS Project components; privacy and security requirements; organizational management and staffing.

- Administrative services to support payment of pharmaceutical services, including: pharmacy claims processing (claims submission, adjudication, tracking of utilization thresholds and benefit limits, claims payment, and post payment adjustments); prior authorizations for pharmacy claims; specific benefit carve-outs; coordination of benefits (private third-party liability, Medicare dual-eligibles); support for the National Council for Prescription Drug Programs (NCPDP) version D.0; system adherence to all applicable rules and regulations, including Affordable Care Act (ACA); federal reporting; Drug Utilization Review (DUR); maximize cost savings through use of manufacturer drug rebates and preferred drug list; client management, including correspondence and notifications and client file management; provider management, including enrollment, correspondence and notifications and provider file management.

- Pharmacy call center services staffed with Wyoming-based personnel to offer provider and client support.

- Medication Therapy Management (MTM) services to clients with complex or high cost drug therapy to improve overall therapy outcomes.

- Integration/interface claims data with the HUB and Data Warehouse

6.3.3 System Integrator/Enterprise Service Bus/HUB Procurement

The System Integrator/ESB/HUB scope of work includes: project phase requirements such as; project planning; implementation of services; operations; technical, architectural, and system integration with other WINGS Project components; privacy and security requirements; and, organizational management and staffing.

The Systems Integrator will assist with establishing the overall approach and standards for architecture, interfaces, and data for the WINGS project, including the data coming in through the HUB and into the Data Warehouse and other components. The Integrator will also assist the State with integration, including Commercial off the Shelf (COTS) systems, with Wyoming's technical architecture, which should be minimally customized for a solution in Wyoming.

The HUB will serve as the primary gateway to access services and data from other systems. The architecture will include an enterprise service bus (ESB) and will also include transformational services and protocol services. The solution will be enterprise centric and the contractor will need to establish strong data governance.

System Integrator/Enterprise Service Bus/HUB Scope

The preliminary, high-level scope of the System Integrator/Enterprise Service Bus/HUB Services will include the following:

System Integration and Oversight: Services will coordinate and oversee architecture planning, development, and testing efforts across the various components of the WINGS project, including integration of client, provider, and claims data from the Benefit Management Services vendor(s) and Customer Service Center data.

HUB (Enterprise Service Bus): The HUB/ESB is needed to support interactions among the WINGS components. An ESB intelligently routes data flowing through enterprise systems, adapting and transforming that data as required by various systems. The ESB will provide a service-oriented architecture (SOA) and standards approach that promotes data sharing and interoperability.

- Electronic Data Interchange (EDI) – As part of the HUB as a gateway, an EDI component will provide data standardization services to allow for the transfer of data into and out of the HUB and data warehouse.

Workflow Management: Tools that offer automation to support the tracking, assignment, notification, escalation and management of requests, interactions and tasks related to providers, clients, and other stakeholders.

Benefit Plan Management: Considered the core of the WINGS system, where benefit plans are created, maintained and utilized by the administrative benefit management services vendors to perform authorizations, deliver services, verify eligibility, pay providers, and report to the data warehouse through the HUB/ESB.

Portals: Portals for providers, clients, and operational/worker staff will be coordinated seamlessly so that the source of the data does not require a different portal for the user.

- Provider Web Portal: This portal shall provide functions for provider enrollment, information maintenance, and management processes, including the ability to collect required information to support decisions regarding approval or denial of a provider's request to supply medical assistance. An online application should be provided and will allow for the attachment of supporting documentation to allow efficient decision-making. The solution would leverage an automated workflow so that data and documentation could be routed to appropriate units responsible for decisions on provider enrollment applications. In addition, providers may use an online portal to submit updates to their information; for example address changes or updated licensing information. Provider enrollment and communication will be provided and managed by services vendors processing the associated claim type(s).

- The Client Web Portal will provide the ability for clients to view and self-manage their information like claim status, benefit plan coverage, max out of pocket co-pays and co-pay limits, and other client related processes.

- The State/Operational Staff Web Portal will allow operational users to access client, provider, benefit plan data and applications such as prior authorization and benefit data inquiries.

Provider Enrollment and Management: This is the location where the electronic provider enrollment application is accepted, processed and maintained and includes licensure information, provider information, and provider restrictions information. It is accessed and connected to the provider portal. This will include the verification of the accuracy of provider data, and review of all data for consistency with other data in the transaction and in the provider database. This will include adherence to all current requirements for provider enrollment and application processing, including the Affordable Care Act (ACA) and Wyoming statutes.

Electronic Signatures Acceptance and Management: An automated process/software component that enables the association of an "electronic signature" to an action, document, or record that is verifiable and adheres to security requirements and Wyoming.

6.3.4 Independent Verification and Validation (IV&V) Services Procurement

WDH needs Independent Verification and Validation contractor services for technical and management support for initiation, planning, execution, review, and close-out activities for WINGS project procurements. The IV&V contractor is expected to reduce the inherent risk in the State's ability to procure, develop, deploy and operate within desired cost, schedule and performance goals. The objective of the State is to secure the assistance of an IV&V contractor that can help the State ensure the success of the WINGS project.

The objectives for a successful IV&V contract include leveraging industry standards for software verification and validation; formulating an independent understanding of the system, its artifacts and operational needs of the software lifecycle; analyzing if development conforms to established requirements; and, determining if it has satisfied the intended purpose and meets the needs of the users.

Independent Verification and Validation Services Scope

The preliminary, high-level scope of the Independent Verification and Validation Services procurement will include the following:

- Be technically, managerially and financially independent of the State throughout the duration of the Contract.

- Review the requirements, proposed system design, current and anticipated business processes, policies, and procedures, including workflows and forms used in the WINGS project.

- Develop a strategy to define and support the verification and validation efforts going forward.

- Review the development of training activities and materials related to the use of new systems or services, as well as training policies, processes and procedures.

- Perform administrative activities and tasks in support of the verification and validation efforts.

- Verify the WINGS project components meet certification requirements and best practice standards of the Centers for Medicare and Medicaid Services including MITA Seven Standards and Conditions.

- Perform all work cost-effectively by building on previously completed work, appropriately allocating staff, minimizing travel, using Internet and telecommunications technology, and other best cost containment practices.

- Minimize the workload on state staff by streamlining input and approval processes; conducting efficient meetings with clear agendas and objectives at times and places convenient to required personnel; developing user-friendly and effective methods of reporting, advising, and making recommendations to the State; and other necessary activities.

- Assist the State to achieve the following goals for its Medicaid systems/services:

  a. Cost effectiveness and administrative efficiency.

  b. Compliance with all CMS certification requirements within the minimum time period allowed.

  c. Completion of enhancements and other changes without disruption of services.

  d. Provide high quality customer service for internal and external customers.

- Assess the risk associated with essential software properties, functions or behaviors and system's software design elements. Use this risk assessment to help determine the areas of the system that warrant additional validation and verification.

- Develop and maintain a technical scoping report for the WINGS project that identifies which system-level capabilities are the highest risk items and the design-specific elements that warrant IV&V.

- Establish, document and maintain data and information on system capabilities, design elements, system reliability and all other characteristics essential for a project of this type.

6.3.5 Data Warehouse/Business Intelligence/Fraud, Waste, and Abuse Services Procurement

The Data Warehouse (DW) and supporting tools will serve as a primary repository of provider, client, and claims data for aggregation, reporting, and analytics. The solution will be enterprise centric. The contractor will need to establish strong data governance.

To support fraud and abuse detection, the contractor shall provide tools to provide comprehensive statistical profiles of health care delivery and utilization patterns by provider and clients.

The solutions described under this procurement will focus on the delivery of services for an enhanced customer service experience for providers, business partners, and Department staff.

Data Warehouse/Business Intelligence/Fraud, Waste, and Abuse Services Scope

The preliminary, high-level scope of the Data Warehouse/Business Intelligence/Fraud, Waste and Abuse Services procurement will include the following:

Data Warehouse/Business Intelligence: These services will include all business intelligence and data analytic services to enable accurate, real-time data and reporting that will meet changing business and management needs.

- Dashboards: This will include the ability to have graphical views of current status in a dashboard format that can be customized by user selecting the key performance and

status information they need to track regularly. This will be done through the data warehouse.

- Analytics, Predictive Modeling & Random Sampling: This will include providing WINGS program, eligibility and utilization data to support State and federal budget forecasts, tracking, modeling, and sampling.

- Reporting Tools: Types of tools may include the following as integrated functions of the data warehouse to facilitate data analysis and reporting the generation of pre-defined reports as well as user-defined ad hoc reporting and data queries. This also should allow for integrated capabilities to graph reports and make them presentation-ready without the need to export the data to a third party tool. Reporting tools that will be available include:

  o Query (ad hoc)

  o Reporting (predefined)

  o Geographical Mapping

  o Statistical Analysis

  o Data Mining

  o Clinical Analysis Applications

  Reporting parameters will include user-defined as well as federally required reports and dashboards.

- Financial Reporting: For State, Federal, and CMS financial accounting and analysis, the data warehouse and business analytics will provide reporting based on current WINGS program and expenditure data including claims (paid, pending, denied), recoupments, budgets, rate updates, and provider payment data. This also includes non-claim specific financial data.

Fraud, Waste and Abuse Services (FWA): These services will ensure WDH can detect and investigate waste, fraud and abuse and interact with the data warehouse. Using selected criteria (e.g., categories of services, client demographics, use of covered types of services/items, prescribed drugs, referrals to specialty care) to identify providers, and/or

clients who may be committing fraud, waste, or abuse of services, WDH will have a system to develop statistical profiles of providers and clients that can be tracked and managed. Reports will be provided to meet federal and State rules and regulations for surveillance and utilization review activities. These services must provide the ability to produce reports using the ad hoc queries and selection of pre-defined report parameters (such as provider number, procedure code, date of service) by the user for use in running the specific report.

- Fraud, Waste and Abuse Analytics: This includes being able to provide statistical profiles, by providers and clients, summarizing information contained in claims and prior authorization history, for specified periods of time. A method to identify practice and utilization patterns, use of statistical norms, by peer or treatment group, identify and rank providers and clients who are outliers and provide other reports of provider group and individual billing, for example.

- Fraud, Waste and Abuse Case Tracking: FWA Case tracking functionality will allow users to view, add, edit, and delete information related to a case. Automated alerts will be triggered to notify that a case requires action. Reporting of case status and number of cases, including parameters such as case start date will be available.

6.3.6 Benefit Management Services Procurement

The Benefit Management Services scope of work will be released as a single RFP but may result in awards to separate vendors for Dental Claims Processing, Institutional Claims Processing, and Professional/Medical Claims Processing. The scope of this RFP will support WDH's decision to broker claims processing services instead of purchasing an MMIS. This allows the State to promote vendor competition and explore relationships with non-traditional system or claims processing MMIS vendors.

WDH expects the Benefit Management Services contractor to configure existing infrastructure solutions for services to support claims processing, coordination of benefits, and other administrative services where possible, rather than developing new solutions. This will allow for cost savings and a condensed implementation schedule in comparison to a traditional MMIS solution. To support this model, WDH plans to assess and simplify current coverage policies and rules. WDH expects proposers to identify the solutions to

support the primary services, including proprietary systems. A Web Portal for clients for Member Management functions and a Web Portal for Provider Management functions will be available through the Systems Integrator or HUB component of the WINGS project. WDH will garner input from vendor community to establish services' requirements and will continue to collect information from industry vendors as they develop this RFP. WDH intends to communicate status of procurement activities as often as possible to keep vendors interested in the procurement.

Benefit Management Services Scope

The preliminary, high-level scope of the Benefits Management Services procurement will include the following:

Dental Benefit Management Services: Services will manage receipt and processing of all claims related to dental benefits covered by Wyoming Medicaid.

- Project Phase Requirements such as: project planning; implementation of services; dental benefit management operations; turnover of systems to a new vendor, when required; technical, architectural, and systems integration with other WINGS Project components; privacy and security requirements; organizational financial strength and staffing.

- Administrative Services to support payment of healthcare services, including: dental claims processing (claims submission, adjudication, tracking of utilization thresholds and benefit limits, claims payment, and post payment adjustments); prior authorizations for dental claims; specific benefit carve-outs; coordination of benefits (private third-party liability, Medicare dual-eligibles); support for the Health Insurance Portability and Accountability Act (HIPAA) 837D version 5010; system adherence to all applicable rules and regulations, including ACA.

- Integration/Interface claims data with the HUB and Data Warehouse.

Institutional Benefit Management Services: Services will manage receipt and processing of all claims related to institutional benefits covered by Wyoming Medicaid.

- Project Phase Requirements such as: project planning; implementation of services; institutional benefit management operations; turnover of systems to a new vendor, when required; technical, architectural, and systems integration with other WINGS Project

components; privacy and security requirements; organizational financial strength and staffing.

- Administrative Services to support payment of healthcare services, including: institutional claims processing (claims submission, adjudication, tracking of utilization thresholds and benefit limits, claims payment, and post payment adjustments); prior authorizations for institutional claims; specific benefit carve-outs; coordination of benefits (private third-party liability, Medicare dual-eligibles); support for the Health Insurance Portability and Accountability Act (HIPAA) 837I version 5010; system adherence to all applicable rules and regulations, including the Affordable Care Act (ACA).

- Integration/Interface claims data with the HUB and Data Warehouse.

- **Professional/Medical Benefit Management Services:** Services will manage receipt and processing of all claims related to dental benefits covered by Wyoming Medicaid.

- Project Phase Requirements such as: project planning; implementation of services; medical benefit management operations; turnover of systems to a new vendor, when required; technical, architectural, and systems integration with other WINGS Project components; privacy and security requirements; organizational financial strength and staffing.

- Administrative Services to support payment of healthcare services, including: medical claims processing (claims submission, adjudication, tracking of utilization thresholds and benefit limits, claims payment, and post payment adjustments); prior authorizations for medical claims; specific benefit carve-outs; coordination of benefits (private third-party liability, Medicare dual-eligibles); support for the Health Insurance Portability and Accountability Act (HIPAA) 837P version 5010; system adherence to all applicable rules and regulations, including the Affordable Care Act (ACA).

- Integration/Interface claims data with the HUB and Data Warehouse.

wings

for Health