Connecticut's Medicaid Enterprise Technology System (CT METS)

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1.1 Introduction

Introduction Narration:

Hello, Thank you for visiting our presentation on Connecticut's Medicaid Enterprise Technology System.

Before you begin, please note that this presentation's core content is narrated for your benefit. If your computer is not equipped with external speakers, you may use a head set. If you wish, you may follow the narration. You may view the narration to the left on the sidebar. Closed captioning is automatically enabled. You may turn off captioning, by clicking the captioning icon in the bottom of this presentation.

Connecticut's Medicaid Enterprise Technology System or CT METS is a large-scale project at the Connecticut Department of Social Services (DSS). CT METS is Connecticut's Modular Medicaid Enterprise Implementation. This presentation is to provide information about DSS and its medical programs related to the replacement of Connecticut's Medicaid Management Information System or (MMIS) system.

Please review our website for more information including how you can receive email alerts about the project. Information in this presentation
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This presentation is divided into topics. Learn more about the Connecticut Department of Social Services, Husky Health, the Connecticut Medicaid Enterprise Technology System (CT METS) Modular Medicaid Enterprise Implementation, Independent Verification and Validation (IV&V), Creating a Business Network Account, and the Organizational Change Management (OCM) Request for Proposal (RFP), and the Systems Integrator (SI) Effort. Please click the tab to learn more about the corresponding topic.

1.2 About DSS
About DSS Narration:

The Connecticut Department of Social Services (DSS) serves about 1 million residents in Connecticut by supporting basic needs for children, families, older and other adults, including persons with disabilities.
DSS provides federal and state food and economic aid, health care coverage, independent living and home care, social work services, child support services, home-heating aid, protective services for older adults, and more vital service areas.

DSS supports the health of over 800,000 residents through HUSKY Health (which includes Medicaid and the Children’s Health Insurance Program), including medical, dental, behavioral health, prescription medications, and long-term services and supports.

DSS helps over 400,000 residents afford food and supports Connecticut’s economy with the federally-funded Supplemental Nutritional Assistance Program (SNAP).

DSS has 12 field offices, online and phone access options for services, and approximately 1,700 dedicated staff members.

DSS launched a strategic planning initiative in 2018 which renewed a vision to support programs and policies where all Connecticut’s residents have an opportunity to be healthy, secure, and thriving.

The **DSS Vision** is “Guided by our shared belief in human potential, we envision a Connecticut where all have the opportunity to be healthy, secure and thriving.”

The **DSS Mission** is “We, along with our partners, provide person-centered programs and services to enhance the well-being of individuals, families and communities.”

DSS values: **Communication**-Open and constructive sharing of information at all levels, **Respect**-Treating all people with dignity and understanding, **Service**-Professional commitment to excellence, **Accountability**-Personal and team responsibility for results, and **Innovation**-Creating and embracing new ideas to improve our work.

DSS is committed to develop and deliver programs and services in which the people we serve are at the center.

The strategic planning launch led to the development of goals for all areas to use as guidance in the development of objectives.
The DSS goals are to drive decision-making, collaboration and service-coordination through enhanced use of data to improve services, improve access to health and human services to enable our customers to gain independence, enhance health and achieve well-being, and instill public trust by continuously improving the way we administer programs, manage our resources and operate our infrastructure.

Alignment to the Vision, Mission, Values, and Goals is a critical element of all DSS project and program development and delivery.

CT METS is the opportunity to implement a Medicaid Management Information System (MMIS), that complies with guidance from CMS and supports the Mission, Vision, and strategic goals of DSS.

1.3 About HUSKY Health
HUSKY Health Groups (Slide Layer)

HUSKY Health
- Adults with incomes of up to 155% of the Federal Poverty Level (FPL)
- Pregnant women with incomes of up to 203% of FPL

HUSKY II - Children’s Health Insurance Program (CHIP)
- Children with household income between 201% and 323% of FPL
- Children under age 19 in higher-income households, depending on specific income level, family cost-sharing applies

HUSKY C
- Older adults, individuals with disabilities, and refugees with incomes up to approximately 52% of FPL.
- Home and community-based services programs have higher income limits

HUSKY D
- Eligible adults age 19-64 with incomes up to 138% of FPL

Additional Coverage Groups
- Individuals under 65 with breast or cervical cancer
- Limited coverage for family planning and treatment for tuberculosis

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About HUSKY Health Narration:

HUSKY Health is Connecticut's major health plan administered by the Department of Social Services (DSS) and includes Medicaid and the Children's Health Insurance Program (CHIP). It covers 800,000 Connecticut citizens or 21% of the state population.

HUSKY Health is an effective health care delivery system for financially and functionally eligible people in Connecticut that promotes well-being with minimal illness and effectively managed health conditions; maximal independence; and full integration and participation in their communities.

By contrast to almost all other Medicaid programs throughout the nation, Connecticut HUSKY Health is not using any capitated managed care arrangements. Like most employers, and for many of the same reasons, HUSKY Health is structured as a self-insured, managed fee-for-service program. DSS partners with three Administrative Services Organizations (ASOs) to administer services and to achieve improved health and satisfaction outcomes for members.

The ASOs work hard to improve experience for health providers. The ASOs
also perform functions related to member and provider support, data analytics, Intensive Care Management, technical support for Person Centered Medical Home practices, and a host of targeted initiatives in support of the needs of members.

HUSKY Health provides comprehensive medical, dental, and behavioral health services. There are four major coverage groups.

HUSKY A covers adults with incomes of up to 155% of the Federal Poverty Level (FPL) and pregnant women with incomes of up to 263% of the Federal Poverty Level.

HUSKY B or the Children's Health Insurance Program (CHIP) covers children with household incomes between 201% and 323% of the Federal Poverty Level and children under age 19 in higher-income households, depending on specific income level, family cost-sharing applies.

HUSKY C covers older adults, individuals with disabilities, and refugees with incomes up to approximately 52% of the Federal Poverty Level. Home and community-based services programs have higher income limits under this program.

HUSKY D covers eligible adults age 19-64 with incomes up to 138% of the Federal Poverty Level.

There are also additional coverage groups for individuals under 65 with breast or cervical cancer and there is limited coverage available for family planning and treatment for tuberculosis.

We are committed to building on present reforms by continuing to integrate services and providers within local networks, identify and address the needs of high risk members, attack the serious challenge of high prescription drug costs, and support individuals who have more typically received nursing home services in the past to access less costly services in the community.
1.4 CT METS Introduction

CT METS

Goals
- Person-centered service delivery;
- Improved support for providers of services to Medicaid members;
- Strengthened Program Integrity, Financial, and Contract Management functions;
- Transformed tools and technology to support efficiency and improved analytic capabilities;
- Timely and cost-effective support for reform initiatives and program evolution;
- Modernized technical platform that conforms with all Centers for Medicare and Medicaid Services (CMS) standards;
- Maximized use of federally supported technology to improve operations;

CMS Goals for the Medicaid Enterprise (Slide Layer)

CT METS

CMS Goals for the Medicaid Enterprise
- Seamless, integrated systems that communicate effectively
- Environment that supports flexibility, adaptability, and cost-effectiveness; allows rapid response to changes in programs and technology
- Enterprise view that supports enabling technologies aligned with business processes
- Data that is timely, accurate, usable, and easily accessible to support analysis and decision-making
- Support for performance measurement, accountability, and planning
- Improved coordination with partners and integration of health outcomes
CMS Guidelines for MMIS Procurements (Slide Layer)

CT METS

CMS Guidelines for MMIS Procurements

- CMS expectations
  - Shift away from custom development toward Commercial off the Shelf (COTS) or Software as a Service (SaaS), use of modularity, reuse, and shared services to support health and human services agencies and programs
  - Utilize these resources in replacement projects:
    - Medicaid Enterprise Certification Lifecycle (MECL)
    - Medicaid Enterprise Certification Toolkit (MECT)
    - Independent Verification and Validation (IV&V) services
    - Systems Integrator (SI) role as key to implementation of modular enterprise

CT MITA 3.0 (Slide Layer)

CT METS

Connecticut MITA 3.0 State Self-Assessment

DSS completed the Medicaid Information Technology Architecture (MITA) state self-assessment (SS-A) in 2017

- Participation by several Departments which support Medicaid
- Assessment results illuminated areas of opportunities in all areas of the Medicaid Enterprise
- MITA Roadmap
  - Described CT Medicaid Enterprise transformation efforts since 2010
  - Defined trajectory for next steps based on SS-A findings and CMS requirements
  - Listed expected procurements for service providers and modules that evolved to the CT METS program
**CT METS Phased Approach**

CT METS

CT METS Phased Approach

The implementation for CT METS is planned for two distinct phases:

**PHASE I**
- Referred to as the foundational work
- Lay the groundwork and help manage overall risk
- Modify business processes
- Create an optimal organizational structure
- Develop a plan for an enterprise platform and approach for implementing a modular Medicaid Enterprise
- Ensure Connecticut is in a 'state of readiness' to successfully achieve the goals of the CT METS effort

**PHASE II**
Focus on:
- Procurement and implementation of the separate modules that make up the Medicaid Enterprise
- The build out of the Medicaid IT architecture

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Prepared by the CT DSS Office of Organizational and Skill Development in partnership with the UCONN SSW
Phase 1 Activities (Slide Layer)

Phase 1 Activities
- Preparatory work
- Stakeholder Engagement and Communication
- Onboarding of project staff
- Establishing project management plans and controls
- Operational Analysis
- Procure Vendors
  - IVV&V - Independent Verification and Validation
  - SI - Systems Integrator
  - OCM - Organizational Change Management

Phase 1 Activities - Continued OCM (Slide Layer)

Phase 1 Activities Continued - Organizational Change Management (OCM)
- Organizational Change Management (OCM) tasks focus on creating an optimal organizational structure that supports data driven person-centric services that ultimately produce better outcomes and may include:
  - Business process mapping, assessment, design, and implementation of re-organization
  - Leadership planning and stakeholder engagement
  - Communication planning and rollout
  - Training plan development and initiation
Phase 1 Activities - Continued SI (Slide Layer)

CT METS

Phase 1 Activities Continued - Systems Integrator (SI)
- Systems Integrator (SI) responsibilities focus on delivering interoperability, integration and key foundational strategies and may include:
  - Assess current assets for reuse
  - Analyze and recommend modular approach/sequence
  - Prepare for integration effort with definition of SDLC, architectural plans, technical infrastructure, data management, other plans
  - Final documentation with New Operating Model, Conceptual Program Design, and the Updated Modular Roadmap

Phase 1 Activities - Continued IV&V (Slide Layer)

CT METS

Phase 1 Activities Continued - Independent Verification and Validation (IV&V)
- Independent Verification and Validation work is required by CMS and includes:
  - Independent assessment and quality assurance
  - Compliance with CMS certification and MITA maturity standards
  - Operational and system readiness
Phase 2 Activities (Slide Layer)

- Procurement and implementation of modular components and services, including but not limited to:
  - Enterprise Data Warehouse
  - Testing (Quality Assurance/Quality Control)
  - Care Management
  - Provider Management
  - Claims Management
  - Pharmacy Benefits Management
  - Third Party Liability
  - Program Integrity
  - Financial and Contract Management

Phase 2 Activities - Continued (Slide Layer)

- SI analysis and design for technical components and services
- Knowledge transfer and transition of OCM activities to DSS staff and other support groups
- Continuation of IV&V reviews and reports to CMS
Bid Exclusions (Slide Layer)

Bidders Exclusion Diagram (Zoomed In)
CT METS Introduction Narration:

Connecticut Medicaid Enterprise Technology System (CT METS) is more than an MMIS replacement project. It is also an effort to simplify administrative processes and optimize the use of technology. These efforts are aimed to improve service delivery, and support and empower members, providers, and workers (or DSS employees).

The goals of the CT METS project incorporate the goals and vision of DSS with CMS requirements for a Medicaid Enterprise. They reflect DSS’ strong desire to streamline the citizens’ experience; continue to move towards a person-centered delivery system and the need to comply with the guidelines CMS has established for Medicaid systems.

Anticipated benefits include enhanced member services supports, analytics efforts, document management, and more.

Increased coordination and consolidation of Medicaid IT services across the wide range of DSS contracted service providers is expected as well.

The CT METS project has been deliberately constructed to ensure that CT METS aligns with CMS goals. CT METS provides a coherent framework for the
alignment of the overarching mission of DSS, the DSS strategic goals and the conditions required by CMS.

Historically, CMS supported a single claims processing system with sub systems from one vendor. Based upon lessons learned and emerging technology, CMS guidelines now require modularity, reuse and shared services. CMS further expects that specific resources be employed, like the Medicaid Enterprise Certification Lifecycle and others, in the development of new MMIS procurements.

In preparation for CT METS, DSS completed a Medicaid Information Technology Architecture (MITA) state self-assessment. The MITA self-assessment had broad participation. The self-assessment led to the development of a MITA Roadmap that identifies next steps and provided the framework for the CT METS program.

CT METS program is expected to extend over several years and has been planned for 2 distinct phases.

Phase I will concentrate on the optimization of business processes and organizational structures and the development of a plan for an enterprise platform and acquisition of modular systems and services.

The focus of this effort is the foundational work critical to the success of a project of this scale. Research completed as part of project planning indicated similar projects suffered due to not anticipating the complexity of this type of endeavor. Those involved recommended a large effort be given to prudent planning and completing strong foundational work.

Phase 2 will concentrate on procurement and implementation of the individual modules along with the build out of the infrastructure required to support the Medicaid Enterprise.

Major Phase I activities have begun including the Department of Administrative Services (DAS) issuance of Requests for Proposals (RFPs) for: Independent Verification and Validation (IV&V), and Systems Integrator (SI) services. In addition, DSS issued an RFP for Organizational Change Management (OCM) services.
Much of the Phase I effort will be supported through the OCM and SI implementations.

The OCM vendor is expected to review, transform, and document business processes, support organizational change and realignment, and prepare for training needs.

The Systems Integrator SI will: assess current assets for reuse, analyze and recommend modular approach/sequence, prepare for integration effort - by defining SDLC, architectural plans, plans for Enterprise Service Bus (ESB), technical infrastructure, data management, and other plans, and develop the final documentation with a New Operating Model, Conceptual Program Design, and the Updated Modular Roadmap.

The IV and V vendor will provide independent program monitoring to reduce risk and promote success and an IV and V vendor is required by CMS.

Phase 2 is focused on the procurement and implementation of the modular components and services.

This phase also includes the build out of the technical infrastructure, implementation of OCM recommendations and continuation of IV& V efforts.

Vendors selected through the RFP process will be offered the right to negotiate and execute a contract for services. CMS guidelines do exclude some entities from bidding on specific modules. The contracted vendors and their subsidiaries may be excluded from competing in procurements to provide other CT METS services and modules, as shown in the chart.

Project Preparation began in 2018. The CT METS project is expected to be complete in 2026.
### 1.5 Independent Verification and Validation IV&V

**Narration:**

CMS requires that state Medicaid agencies establish a contract for Independent Verification and Validation (IV&V) services. Connecticut is using a two-step process.

As a first step, the Department of Administrative Services (DAS) issued a Request for Proposals (RFP) for Independent Verification and Validation services. The purpose of this RFP is to establish Master Service Agreements (MSAs) for a pool of qualified vendors for Connecticut state agencies who need the services of an IV&V contractor.

Second, once the RFP process has been completed and contracts have been established to create a pool of vendors, The Connecticut Department of Social Services (DSS) will solicit qualified vendors by means of a DSS scope of services document describing IV&V services required specifically for the CT METS project. Qualified vendors who respond with a Statement of Work (SOW) will go through an evaluation process; a purchase order with the statement of work attached will be established with one vendor to provide IV&V services for the CT METS project.
1.6 OCM

- OCM and Phase I
  - OCM is a critical element in the implementation of large scale projects.
  - OCM works in coordination and collaboration with project implementation to ensure CT METS is adopted and embraced

Key principles of OCM for CT METS (Slide Layer)

- Key principles of OCM for CT METS
  - Alignment with DSS Vision, Mission and Goals
  - Achieves CT METS project goals
  - Leverages prior work like the MITA State Self-Assessment report
  - Communication
  - LEAN principles
OCM’s Major Responsibilities (Slide Layer)

1. Assessment and Implementation of Reorganization plan
2. Leadership Planning and Stakeholder Engagement
3. Communication Plan
4. Training Plan

Assessment and Implementation of Reorganization Plan (Slide Layer)

- Complete business process mapping utilizing Business Process Modeling Notation (BPMN)
- Guide and assist DSS with developing an optimal team structure
- Identify and help manage risk related to various levels of readiness
- Develop and recommend an organizational structure that reflects the business, information and technical needs of DSS and the CT MITA Roadmap
Leadership Planning and Stakeholder Engagement (Slide Layer)

- Leadership Planning and Stakeholder Engagement
  - Support DSS leadership as they manage the re-organization plan
  - Develop a ‘crosswalk’ from the current to the proposed environment
  - Recommend key performance indicators (KPIs)
  - Gain leadership support for foundational change
  - Engage Medicaid stakeholders throughout the transition

Communication Plan (Slide Layer)

- Communication Plan
  - Develop communication plan to build awareness of change and benefits to CT METS
  - Address various levels of project readiness
Training Plan (Slide Layer)

OCM Narration:

OCM is an important component of Phase I of the CT METS project. OCM is a planned set of actions that drives successful transition for people, the organization, and its stakeholders.
OCM is a proactive approach to establish stakeholder support and engagement, that aligns with the DSS mission to provide person-centered programs and services to enhance the well-being of individuals, families, and communities.

Key principles guide the what, why, and how of OCM work.

OCM has four main areas of responsibility: Assessment and Implementation of Reorganization plan; Leadership Planning and Stakeholder Engagement; Communication Plan; and Training Plan.

CT METS, OCM is expected to create a foundation for member-centric care by building process-oriented structures.

CT METS, OCM will identify governance and other structures to engage all project stakeholders.

The Plan will detail specific types of communication to be delivered to named audiences at milestone points using various media formats and cadences.

DSS is committed to comprehensive training for its stakeholders.

DSS is committed to a holistic and robust OCM methodology to support its staff, organization, and stakeholders.

1.7 Creating a Business Network (BizNet) Account

- Requirement of The CT Department of Administrative Services (DAS) Procurement Division that all Companies create a Business Network (BizNet) Account.
- Must add their company profiles to the State of Connecticut BizNet system.
- Additional guidance is available on the CT METS website at www.ct.gov/dss/ctmets.

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Prepared by the CT DSS Office of Organizational and Skill Development in partnership with the UCONN SSW
Creating a Business Network (BizNet) Account Narration:

Creating a Business Network (BizNet) Account:

It is now a requirement of DAS/Procurement Division that all Companies create a Business Network (BizNet) Account and add their company profiles to the State of Connecticut BizNet system.

Companies are responsible for maintaining and updating company information in their BizNet Accounts as updates occur.

If you have questions about CT METS, Requests for Proposals, Procurement, or other areas, please review the CT METS web page for additional guidance.

1.8 Systems Integrator (SI) Effort

CT METS and the System Integrator (SI) Effort

SI and Phase I

- Key Foundational Work for CT METS.

Key Roles of the SI

- Ensure integrity and interoperability of the Medicaid IT architecture and cohesiveness of the various modules incorporated into the Medicaid enterprise.

- Bring expertise and proficiency in understanding Medicaid information systems components and lead a smooth transition to the modular environment.
General Responsibilities (Slide Layer)

CT METS and the System Integrator (SI) Effort

General Responsibilities - Systems Integrator (SI)

- Provide strong project management to ensure optimal coordination with all stakeholders
- Complete an analysis and assessment of the current system to make recommendations for the future
- Prepare for integration effort with definition of systems development life cycle (SDLC), architectural plans, technical infrastructure, data management, other plans
- Document final recommendation and provide all CMS required artifacts

Project Management (Slide Layer)

CT METS and the System Integrator (SI) Effort

Project Management

- The SI will provide project management in accordance with the Project Management Institute’s (PMI) Project Management Body of Knowledge (PMBOK)
- Prepare a comprehensive project plan and conduct a kickoff meeting for all CT METS Stakeholders
Business Visioning and Analysis for Program Modular Design (Slide Layer)

- CT METS and the System Integrator (SI) Effort
  - Business Visioning and Analysis for Program Modular Design
    - Coordinate with the OCM vendor to conduct Business Process Modeling with identified DSS staff
    - Identify system assets for reuse
    - Map business processes to the future modular environment

MORE Business Visioning and Analysis for Program Modular Design (Slide Layer)

- CT METS and the System Integrator (SI) Effort
  - Business Visioning and Analysis for Program Modular Design
    - Lead requirements gathering sessions
    - Document high-level modular requirements
    - Conduct shared services and assets assessment
    - Modular Solutions alternative and feasibility assessment
Integration Preparation (Slide Layer)

Develop Optimal Blueprint for CT METS Phase 2 (Slide Layer)

Systems Integrator (SI) Effort Narration:

The SI is a key component of Phase I of the CT METS project and supports the effort to provide the groundwork needed to position Connecticut Medicaid for success in a Modular MMIS approach.
The SI is responsible to ensure integrity and interoperability of the Medicaid IT architecture and cohesiveness of the various modules incorporated into the Medicaid enterprise fostering best of breed solutions.

The Systems integrator will provide project management, analysis and assessment of current systems, prepare for integration, and provide recommendations.

The SI will work closely with the Enterprise Project Management Office (EPMO) to align project management, project controls, and status reporting in conjunction with, and under the umbrella of, the DSS EPMO.

The SI components and services will provide the critical foundation for the core modules to be implemented and operate as a cohesive MMIS for the Medicaid Enterprise.

The final composition and sequence of modules will be a product of the analysis, requirements, and conceptual design conducted and developed by the SI for the new operating model and updated Connecticut Roadmap.

Recommendations and other identified needs will be analyzed and evaluated to determine the composition and acquisition of modular technology and components that promote transformation to the next generation Medicaid Enterprise operating model.

The blueprint will move DSS toward its vision of a person-centered and holistic health and human services (HHS) service delivery model.
1.9 Completed

Completed Narration:

Thank you for completing our presentation on Connecticut's Medicaid Enterprise Technology System. If you would like to review any topic, you may click the corresponding tab to do so. Otherwise you may close this window to exit the presentation.