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AUGUST 5TH, 2025

APD's for Medicaid

Michael Horoho
Director

outwit complexity™

Agenda

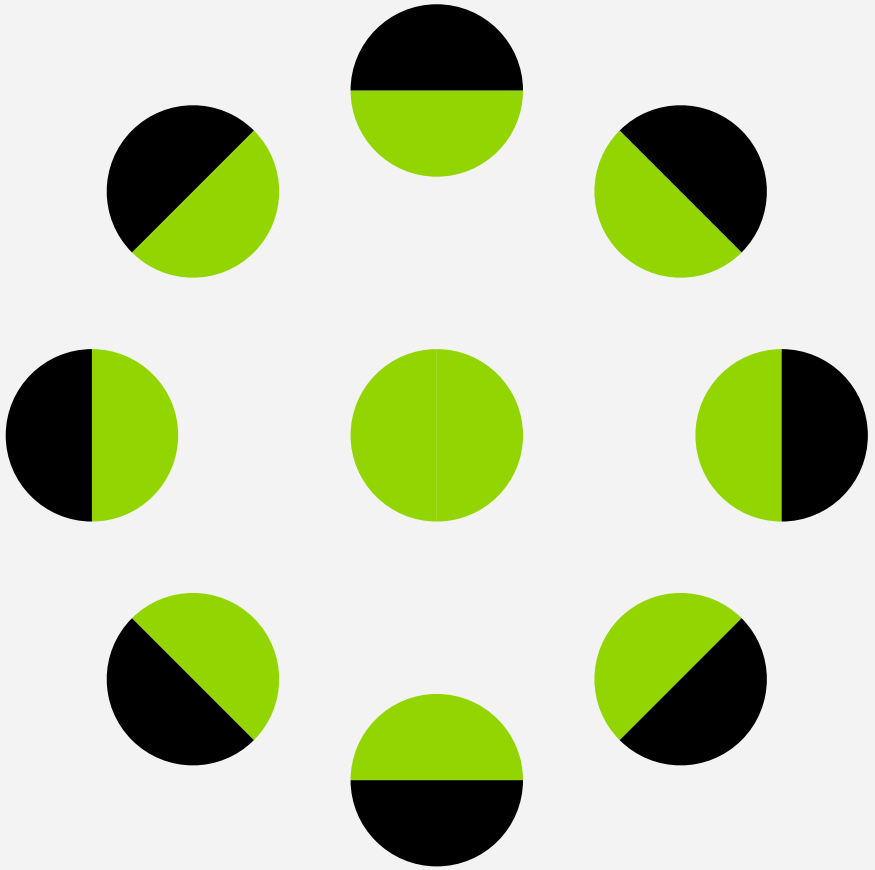
Medicaid APD 101

Managing limits on APD budget activities

Correctly identifying costs for enhanced FFP

Notes from 2024 MESC Conference

Appendix



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Medicaid APD 101

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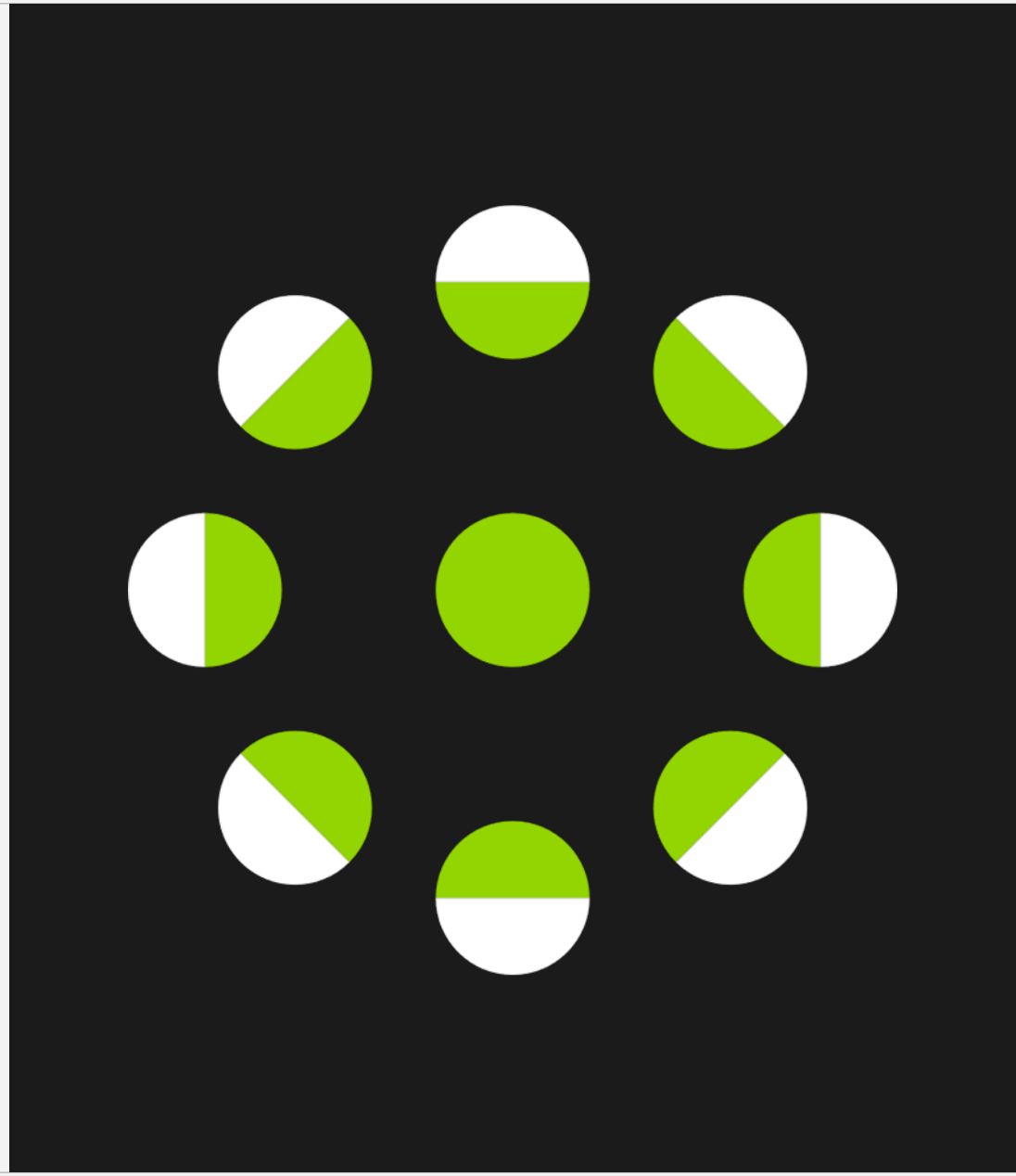
What is an Advance Planning Document?

It is a recorded plan of action to request federal funding approval for an information technology project supporting the Medicaid and CHIP programs.

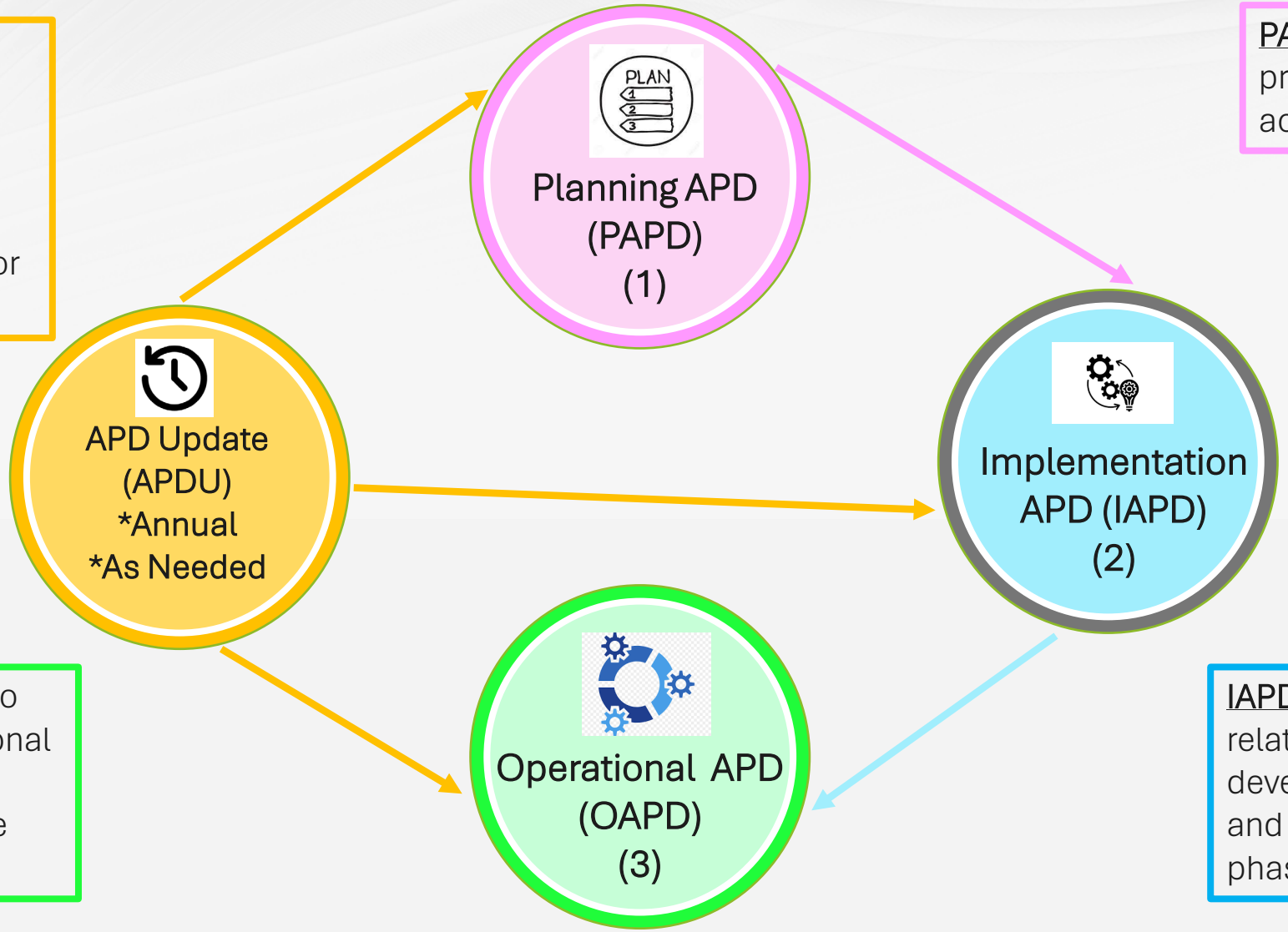
The advance planning document process was designed to promote accountability for the use of federal funds, mitigate financial risks, and avoid incompatibilities among systems.



Types of Advance Planning Documents (APDs) and Purpose for Submission

Annual APDU
To report a project's status

As-Needed APDU
Submitted to request continued project funding for significant changes

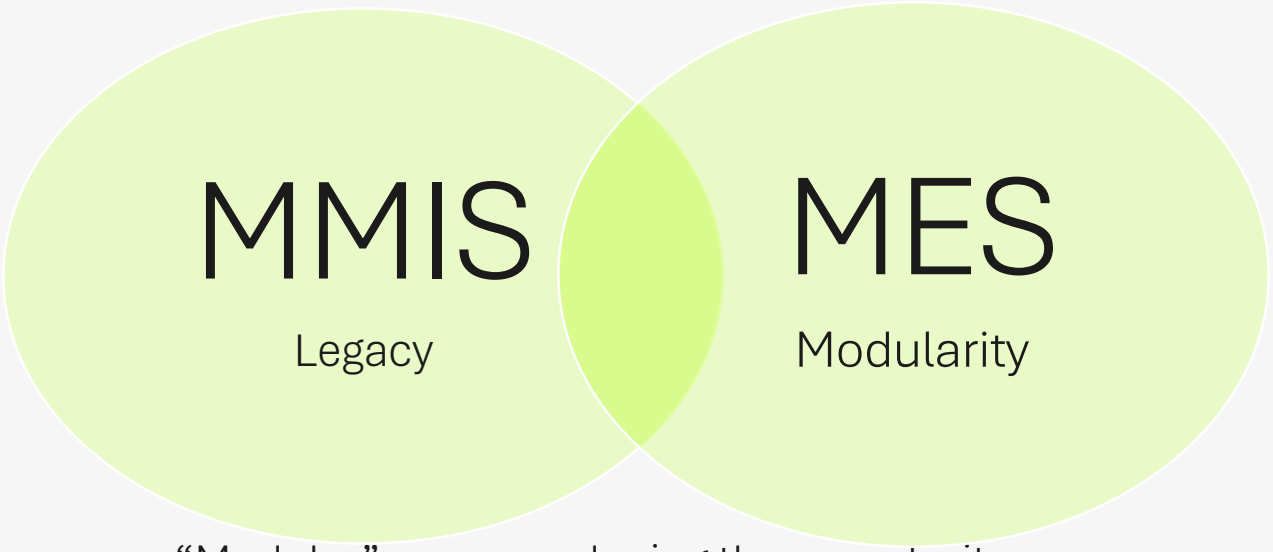


PAPD For system project planning activities

OAPD Submitted annually to report the project's operational status after the system development activities have been completed

IAPD For activities related to the design, development, testing, and implementation phases of the project

Medicaid Enterprise System (MES)



"Modular" means reducing the complexity of a larger problem by breaking it down into small well-defined pieces. Each busines area is further broken down into smaller processes described as "modules".

Reassembles Medicaid management into a modular, flexible, and upgradable system that offers significant control for agency users and seamless access to members, providers, and third-party agencies. MES provides a system focused on data-driven decision-making, advanced reporting and fraud detection, beneficiary eligibility, care management, and provider electronic health record incentive payments.

The MES represents a system composed of the sum total of MES modules, which are the discrete Medicaid IT systems or services used by the Medicaid agency to manage, monitor and administer the state's Medicaid program.

Interagency Agreements and APDs

Claiming APD Costs

In order for Medicaid administrative expenditures to be claimed for federal matching funds:

- Costs must be "proper and efficient" for the state's administration of its Medicaid state plan (Section 1903(a)(7) of the Act).
- Costs related to multiple programs must be allocated in accordance with the benefits received by each participating program

Regulations

- Interagency agreements only exist between governmental (i.e., public) entities and cannot extend to private contractors or consultants.
- Must be in their own civil statutes relative to interagency agreements, and their status as a single state agency for the Medicaid program as defined accordance with state law. That is, states must consider at 42 CFR 431.10. B.

Interagency Agreements/Memorandum of Understanding (MOU) needs to be in place between state agencies for systems (APDs) costs prior to claiming costs

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Managing limits on APD budget activities

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APD Allotments

Extracted directly from MBES so that finance and IT know exactly how much APD budget is available.

Eligibility APD Expenditures							Total Computable		
APD	Fed Match	Federal Share			Total Computable		Federal Share		Federal Share
		Approved APD Amount	Previously Claimed	Available	Line 28A	Line 28B	In House (Line 28A)	Private (Line 28B)	Remaining APD Amount
		[a]	[b]	[d]	[e]	[f]	[e]	[f]	[g]
12-03-EE PMP - 91 % (Expired)	90%	567,796	567,796	0			0	0	0
13-01-EE - 90 % (Expired)	90%	24,366,014	24,366,014	0			0	0	0
EE-FFY12 - 90 % (Expired)	90%	175,642	175,642	0			0	0	0
EE-FFY13 - 75 % (Expired)	75%	5,835,547	5,835,547	0			0	0	0
EE-FFY14 - 90 % (Expired)	90%	43,138,345	43,138,345	0			0	0	0
EE-FFY14 - 75 % (Expired)	75%	4,157,016	4,157,016	0			0	0	0
EE-FFY15 75% - 75 % (Expired)	75%	3,049,205	0	3,049,205			0	0	3,049,205
EE-FFY15 90% - 91 % (Expired)	90%	37,875,909	37,875,909	0			0	0	0
EE-FFY16 - 90 % (Expired)	90%	52,546,707	23,645,878	28,900,829			0	0	28,900,829
EE-FFY17 - 90 % (Expired)	90%	36,160,477	35,563,161	597,316			0	0	597,316
EE-FFY17 - 75 % (Expired)	75%	4,430,000	3,657,918	772,082			0	0	772,082
EE-FFY18 - 90 % (Expired)	90%	66,676,661	38,894,054.00	27,782,607			0	0	27,782,607
EE-FFY18 - 75 % (Expired)	75%	3,922,500	1,813,042.00	2,109,458			0	0	2,109,458
EE-FFY19 - 90 % (Expired)	90%	49,219,404	49,219,404.00	0			0	0	0
EE-FFY19 - 75 % (Expired)	75%	3,481,805	2,424,419.00	1,057,386			0	0	1,057,386
EE-FFY20 - 90 % (Expired)	90%	81,842,281	69,327,909.00	12,514,372			0	0	12,514,372
EE-FFY20 - 75 % (Expired)	75%	3,655,896	1,549,564.00	2,106,332			0	0	2,106,332
EE-FFY21 - 90 %	90%	49,627,385	49,627,385.00	0			0	0	0
EE-FFY21 - 75 %	75%	2,814,183		2,814,183	1,495,196		1,121,397	0	1,692,786
EE-FFY22 - 90 %	90%	28,940,803	27,291,407.00	1,649,396		1,255,757	0	1,130,181	519,215
EE-FFY22 - 75 %	75%	1,879,160	709,581	1,169,579			0	0	1,169,579
Totals		504,362,796	419,839,991	84,522,745	1,495,196	1,255,757	1,121,397	1,130,181	82,271,167

APD Spend is shown for each state category of service code and is reconciled to what is reported for 28A and 28B of the CMS-64.10. Any invoices are reviewed to ensure that enhanced match is appropriately claimed and reported against correct APD activity.

SCOS 1 $285,689
SCOS 2 $488,796
SCOS 3 $395,611
SCOS 4 $325,100

APD codes that are expired are immediately removed from coding system so that state staff do not inadvertanty code APD spend to these APD activities.

APD available budget is compared to projected spend to ensure that increases are not needed to APD budget amount.

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Correctly identifying costs for enhanced FFP

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Enhanced Federal Financial Participation (FFP) up to 90 percent of costs to design/build, 75 percent of costs to operate MMIS, and 50% for Other APD-related costs. [42 USC 1396(b)(a)(3)].

Design & Build

90%

- Preparation of an RFP for an initial replacement and enhancement to an MMIS
- Proposal evaluation and contractor selection
- System and requirements analyses
- System design development installation
- DIS
- Equipment costs only for use in the DDI of a MMIS
- Direct personnel costs
- Direct non-personnel costs
- Acceptance testing
- Supplies used during MMIS Implementation

Maintain

75%

- Claims processing and information retrieval functions by the State agency or the fiscal agent.
- Site preparation
- Preparation of an APD and/or RFP directed toward the potential change of operator for an approved MMIS
- Proposal evaluation and contractor selection
- Hardware used for MMIS operations
- Supplies used in the operation of a MMIS
- Claim forms
- Entry and maintenance of provider enrollment data
- Direct costs of personnel directly associated with the operation of an approved MMIS

Other

50%

- Feasibility study
- Indirect personnel and non-personnel costs associated with agency-wide functions such as accounting, budget, etc.
- Training of personnel engaged in DDI of a MMIS
- Postage
- Operational costs of an initial or replacement MMIS until the system has been approved.
- Audit functions
- Provider Manuals

Red Flags

- Indirect costs claimed at the enhanced rates on the Form CMS-64 and not the 50 percent FFP rate.
- Operational system costs being claimed at the 90 percent FFP rate.
- Expenditures for MMIS and E&E exceed the approved allotment funding. States must have an approved APD for these line items to be active and expenditures to be claimed.
- APDs are not being coordinated with the public assistance cost allocation plans; they are not stand-alone funding sources.
- Public assistance cost allocation plans and portions of APDs are duplicative and therefore cannot contradict each other.

Approval Requirements for Medicaid Enhanced Match Funds

Note: 50% FFP is not available in the absence of an approved APD for costs normally matched at enhanced rates pursuant to an approved APD.

Specific Prior Approval Requirements

Enhanced FFP Requests	Prior Approval Needed:	CFR Reference
Planning APD	• All Planning APDs	§ 95.611(b)(2)
Implementation APD	• All Implementation APDs	
Requests for proposals (RFPs) and contracts	• > $500,000	
Contract amendments	• > $500,000 increase, or • > 60-day extension	

Specific Approval Requirements

Enhanced FFP Requests	Approval Needed:	CFR Reference
Annual APDU Note: An Annual APDU should be submitted within 10 months of the date of the previous Annual APDU approval letter.	• One year after last approval	§ 95.611(c)(2)

Enhanced FFP Requests	Prior Approval Needed:	CFR Reference
Acquisition documents (e.g. Requests for Proposals or vendor contracts) for automated data processing (ADP) equipment or services	• If authorized by 42 CFR part 433, subpart C (i.e., Medicaid), if the contract is expected to be > $500,000, or • Sole source/non-competitive acquisition with a total cost ≥ $1,000,000	§ 95.611(a)(2)(ii)
Operational APDUs		§ 95.611(b)(1)(iv)

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Notes from the 2024 Medicaid Enterprise Systems Conference

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MMIS APD's – MMIS Procurement

Case study #1: MMIS procurement

- State noted that the last time they underwent an MMIS procurement, the procurement did not include commercial insurance, torts or recoveries.
- The next MMIS procurement included insurance data capture and new reporting which was eligible for 90/10 Medicaid Administrative federal match.
- State is also able to use NASPO (National Association of State Procurement Office) Costs.

MMIS APD's – Third Party Liability

Case study #2: TPL as it's own module

- By separating TPL as its own module, the state was able to get enhanced funding and could prioritize module updates without waiting on the pool of hours, staffing, task prioritization of the entire MMIS.
  - Certification allows states to claim module at 75%.
  - Enhanced funding is available for vendor fees.

- State had TPL certified without issuing a new RFP. Later on, the state added TPL services to an existing APD and submitted for enhanced funding on 4 of 12 outcomes
  - Is TPL included in your APD?
  - How often do you request funding?

MMIS APD's – Program Integrity

Case Study #3: Program Integrity should be a separate module

- States, with their Medicaid Fraud Control Units (MFCUs) and other dedicated staff, are primarily responsible for implementing program integrity activities.
- The APD process allows states to strategically plan for and receive federal approval for IT solutions that will enhance these PI efforts.
- CMS supports states by providing a regulatory framework and technical assistance through programs like the Medicaid Integrity Program, a federal strategy to reduce fraud, waste, and abuse in the Medicaid program.

MMIS APD's – Other

Commercial Off-The-Shelf (COTS)

- **APD Requirements:** The APD process requires states to submit documentation outlining their project details, including a statement of problems/needs, requirements analysis, feasibility study, cost-benefit analysis, alternative considerations (including COTS), and a project management plan.

- **System Certification:** States seeking enhanced federal funding for operations must obtain system certification from CMS after the Medicaid IT project (which may involve COTS) has been operating for at least six months.

- **COTS Licensing Costs:** Enhanced federal funding may cover the initial licensing of COTS software, as well as the costs of analyzing suitability, installation, configuration, integration, and modifications to non-COTS software for operational coordination, provided these costs are clearly described in the approved APD.

MMIS APD's – Other

Medicaid Enterprise Monitoring Module

Function: The APD process is the method by which states request federal financial participation for designing, developing, implementing, and maintaining Medicaid Enterprise Systems (MES) projects, including the modules that comprise them.

Review and Approval: State Medicaid agencies (SMAs) submit APDs to the Centers for Medicare & Medicaid Services (CMS) for review. CMS assesses if the proposed activities contribute to the economic and efficient operation of Medicaid and meet specific technical and operational criteria.

Enhanced Funding: If approved and certain conditions are met, states can receive enhanced federal funding:

- **90% Federal Match:** For designing, developing, or implementing an MES module.
- **75% Federal Match:** For ongoing operational costs of an approved MES module.

MMIS APD's – Other

- 90/10 for APD staff.
- 50/50 DDI policy staff, PMO and QA staff.
- Postage and licensing costs are often left out of APD costs.

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Thank You

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Guidehouse Federal Reporting Team

Michael Horoho
Director

Michael is a seasoned Medicaid financial consultant with more than 20 years of experience in the Medicaid finance and audit industry. Michael and his team specialize in assisting state health and human service finance agencies with expenditure reporting used to support claims for Medicaid / CHIP federal financial participation (FFP). Michael's background and experience include long-term care cost report audits, institutional fee for service rate setting with a focus on Upper Payment Limit (UPL) calculations / Medicaid FFS supplemental payments/State share financing, and Medicaid / CHIP federal expenditure reporting (CMS-64/CMS-37/CMS-21/CMS-21b).

Trinia Hunt
Associate Director

Trinia has 25 years of progressive responsibility and operational leadership. She is highly organized and oriented with a proven ability to improve organizational effectiveness and productivity through critical analysis and problem solving. She has a track record for meeting timelines and exceeding expectations. Trinia is a self-motivated professional with excellent research and writing skills, an articulate communicator skilled at quickly engaging team members and audiences, and technologically savvy with a variety of software applications.

Teia Miller
Associate Director

Teia has 21 years of Medicaid experience and spent most of her career in the United States Health and Human Services / Centers for Medicare and Medicaid Services (CMS) – Center for Medicaid and Chip Services (CMCS), Philadelphia Regional Office. She was the Financial Management Branch Manager for three years wherein she directed the financial oversight and monitored the Medicaid and CHIP program financial activities and projects for six State Medicaid agencies. She also directed and coordinated the quarterly financial reviews and determined the allowability of claims for Federal Financial Participation.

Sherica Ford
Senior Consultant

Sherica has 19 years of experience in Medicare, Medicaid, and commercial healthcare insurance in public and private sectors. She is highly organized, self-motivated, and detail-oriented with a proven ability to improve organizational effectiveness and productivity through quality analysis, policy implementation, and problem-solving. Sherica has a track record for meeting project goals and exceeding expectations. She is a self-motivated professional with excellent research and writing skills.

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Appendix

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State Systems Pending CMS Certification

Costs associated with systems pending certification should be reported on lines 5A and 5B at the 50 percent FFP rate.

Upon receipt on the conditional certification letter from the CMS Data Systems Group the state must submit an APDU to CMS, to request the additional 25 percent federal funding back to the certification date. If the certification date is outside the two-year timely filing period, the state will need submit a good cause waiver request.

Rate of FFP – Post CMS Certification

The operational date of a state's mechanized management information system (MMIS) is not established at the time the APD is approved or the date the state commenced operations.

Pursuant to 42 CFR § 433.117(d), federal reimbursement is available at the 75 percent rate for the operation of a CMS-approved MMIS that is being replaced until the replacement system is in operation and approved.

Section 11269 of the State Medicaid Manual states that the 50-percent rate is available for the operation of a replacement MMIS until CMS approves the replacement system, at which time "increased [Federal reimbursement] will be available at 75 percent retroactively to the date [CMS] determined the replacement system meet[s] all conditions of approval."

Elements of Streamlined Modular Certification

The streamlined modular certification process for MES is structured around the following three elements:

Conditions for Enhanced Federal Matching – As a condition of receiving enhanced federal matching funds for state expenditures on MES as described above, states must ensure that the system complies with all of the conditions for enhanced DDI matching as provided in 42 C.F.R. § 433.112 and that the system remains compliant with federal Medicaid requirements for enhanced operations matching once it is in operation as provided in 42 C.F.R. § 433.116.

Outcomes – Outcomes describe the measurable improvements to a state's Medicaid program that should result from the delivery of a new module or enhancement to an existing module. Outcomes should support Medicaid program priorities, be directly enabled by the state's IT project, and be clearly stated in the Advance Planning Document (APD) as required under 45 C.F.R. part 95, subpart F. CMS will work closely with the state to identify and ensure that intended project outcomes are achieved. CMS encourages states to develop measurable, achievable outcomes that reflect the MES project's goals.

Metrics – Metrics provide evidence about whether the intended outcomes are achieved through the delivery of a new module or enhancement to an existing module. States must submit operational reports to CMS containing metrics annually in support of a state's Operational Advanced Planning Documents (OAPD) request. CMS may determine the need for some metrics requiring states to report more frequently; this will be coordinated with the state through the State Officer. In accordance with 42 C.F.R. §§ 433.112(b)(15) and433.116(b), (c), and (i), states must be capable of producing data, reports, and performance information from and about their MES modules to facilitate evaluation, continuous improvement in business operations, and transparency and accountability, as a condition for receiving enhanced federal matching for MES expenditures. Metrics reporting enhances transparency and accountability of IT solutions, to help ensure the MES and its modules are meeting statutory and regulatory requirements, as well as the state's program goals. State reporting also gives states and CMS early and ongoing insight into program evaluation and opportunities for continuous improvement.

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CM ystems

MMIS Design Development & Installation Costs	
2A	MMIS – In House Activities (90% FFP)
2B	MMIS – Private Sector (90% FFP)
5B	Mechanized Systems– Inhouse (50% FFP)
5B	Mechanized Systems– Private Sector (50% FFP)
5C	Mechanized Systems– Not Approved Under MMIS Procedures (50% FFP)
MMIS Operations and Maintenance Costs	
4A	Approved MMIS: In House Activities (75% and 50% FFP)
4B	Approved MMIS: Private (75% and 50% FFP)
E&E System Design, Development, and Installation Costs	
28A	Determination Development/Installation of Medicaid Eligibility Determination System Cost of Inhouse Activities (90% FFP)
28B	Determination Development/Installation of Medicaid Eligibility Determination System Cost of Private Sector Activities (90% FFP)
E&E System Operations and Maintenance Costs	
28C	Operation of an Approved Medicaid Eligibility Determination System Cost of In-House Activities (75% FFP)
28D	Operation of an Approved Medicaid Eligibility Determination System Cost of Private Sector Contractors (75% FFP)
28E	Eligibility Determination Staff – Cost of In-House Activities (75% FFP)
28F	Eligibility Determination Staff – Cost of Private Sector Contractors (75% FFP)
28G	Eligibility Determination Staff – Cost of In-house Activities (50% FFP)
28H	Eligibility Determination Staff – Cost of Private Sector Contractors (50% FFP)

Resources

MMIS – General Information – http://www.cms.hhs.gov/MMIS/

CMS Certification Toolkit – http://www.cms.hhs.gov/MMIS/09_MECT.asp

State Medicaid Manual Part 11 - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/P45_11.ZIP

State Medicaid Directors' Letter (SMDL) #16-004 - https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/SMD16004.pdf

State Medicaid Directors' Letter (SMDL) #16-009 -

https://www.medicaid.gov/federal-policy-guidance/downloads/smd16009.pdf

42 CFR 433, subpart C - https://www.law.cornell.edu/cfr/text/42/part-433/subpart-C

42 CFR 457.230 - https://www.law.cornell.edu/cfr/text/42/457.230

45 CFR 95, subpart F - https://www.law.cornell.edu/cfr/text/45/part-95/subpart-F

1903(a)(3) of the Social Security Act - https://www.ssa.gov/OP_Home/ssact/title19/1903.htm

Mercer

Communication: Key to Success in Advanced Planning Documents

Human Services Finance Officers 2025

August 2025
David J. McMahon II, CPA - Principal, Mercer

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Agenda

1. Importance of Communication
2. Understanding Barriers To Communication
3. Examples of Communication

Importance of Communication

1

Ensure Parties Understand Allocation to Medicaid and 10% State Match

Allocation To Medicaid

- CMS provides funding for Medicaid's fair share of cost allocation for the expenditures covered under the APD.
- Portion not considered Medicaid's fair share of cost allocation must be funded by General Revenue or Other Funds, including grants from other federal agencies.

Sources of the 10% Match

- Medicaid general revenue appropriation.
- Sister agency general revenue appropriation.
- State IT department general revenue appropriation.
- Special appropriations.

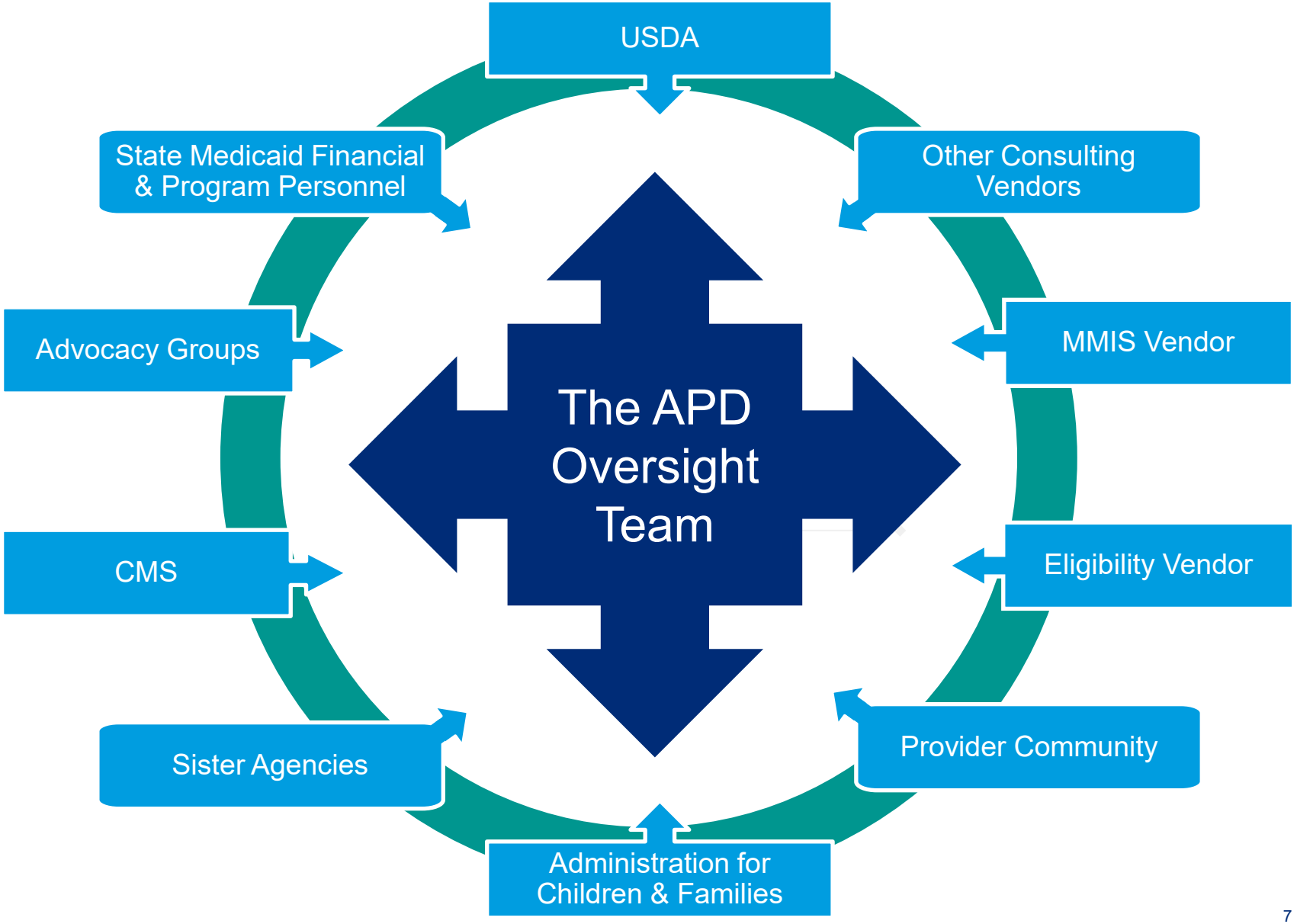
The Advance Planning Document Oversight Team

Communication From This Team Is Vital For Successful Implementation

- Communicate purpose of APD, rules, and requirements.
- Ensure communication between leadership and vendors.
- Determine the stakeholders who need to be engaged.

Stakeholder Feedback

The APD Oversight Team must have constant back and forth communication among all potential stakeholders for a successful APD implementation.



Communication Goals With Stakeholders

- The Medicaid State Agency and its partners in the development of an APD should establish a clear and coherent communication plan to ensure proper coordination with the stakeholders impacted by the IT change.
- Key aspects of the communication with stakeholders are as follows:
  - Common understanding of the current system and planned changes under the APD should be the key to any meeting with stakeholders.
  - Define the roles and responsibilities of the Medicaid State Agency, its partners and the various stakeholders in the APD process.

Communication Key To Positive Relationships

Pressures From Above

- Governor's Office
- Statewide IT Department
- State Legislature
- CMS

Lateral and End Stream Stakeholders

- Contractors/Vendors
- Internal Stakeholders
- Providers
- Sister Agencies

Understanding Barriers To Communication

State's Chief Information Officer

- The CIO is the executive in the state who provides leadership and strategy for the development and implementation of IT initiatives in the state.

- GAO encourages "state Medicaid program officials to consider involving state CIOs in overseeing Medicaid IT projects" (GAO-20-179, September 2020).

- Per the Federal Information Technology Acquisition Reform of the National Defense Authorization Act of 2014, covered executive branch agencies are required to have CIOs have "a significant role in the decision-making process for IT budgeting, as well as the management, governance, and oversight processes related to IT" (GAO-20-179, September 2020).

State Public Health Officials



- Effective communication between the State Medicaid Agency and the State Public Health Department is essential to leverage the Health Department's unique knowledge base.
- Ensure a representative from the Public Health department keeps its leadership informed about the progress being made.
- The Association of State and Territorial Officials recommends the following key points of communication between the two departments:
  - Discuss the type of technological solutions Public Health maintains.
  - Public Health’s relationship with the state Medicaid program.
  - The opportunity to align systems to reduce overall state costs and improve state efficiency through the APD process.

Center for Medicaid and CHIP Services Data and Systems Group State Officer

- States need to discuss changes to metrics in APD and work with a CMCS DSG Officer to submit an updated APD.
- States should coordinate with their CMS State Officers to determine which modules and metrics may need more frequent reporting as part of an Operational APD.
- The CMS State Officer will communicate what, if any, evidence supporting the Conditions for Enhanced Funding or outcomes that the state should upload to the state repository prior to the Certification Review, and will work with the state to agree upon demonstrations of system functionality that will be provided during the Certification Review.

Potential Partnering With Other States

Arizona Health Care Cost Containment System and Hawaii's Med-QUEST Division Collaboration

- Released a strategic roadmap that will guide the agencies' efforts to modernize their shared Medicaid Enterprise System, meet federal compliance requirements, improve interoperability, and implement sustainable technology solutions.

- Roadmap identified that neither agency had an Enterprise Program/Project Management Office which led to projects occurring in silos with limited communication within each agency and between each agency.

- Roadmap suggested "continuous communication about the goals of the project" to mitigate chances of failure in the implementation of the new system.

- Currently, they are working on integrating modules including provider registration, Hawaii Prepaid MMIS, data warehouse, operational data store, and electronic data interchange.

Healthcare Providers

- Conduct surveys of affected providers to assess their current interactions with the existing system and to gather their expectations for the positive outcomes of the system under development.
- Host training events for providers to achieve direct contact with this stakeholder group.
- Facilitate public hearings to gather input regarding the use of meaningful use outcomes and metrics in the APD.
- Have ongoing meetings involving professional health organizations and other interested stakeholders, as there is new information or developments/benchmarks requiring further communication.

Examples of Communication

Example of Partnership — Oregon's Community Information Exchange

Key Stakeholders
Oregon's Health Information Technology Oversight Council
Oregon Health Authority(OHA)
Oregon Department of Human Services (ODHS)
Coordinated Care Organizations (CCOs)
Community-based Organizations (CBOs)
CIE Vendors
Health Equity Consultant Vendor
Healthcare Systems
Health-Related Social Needs Providers

- CIE is a network of healthcare and human/social service partners using a technology platform to electronically connect people to social services and supports.
- The two prominent CIE vendors in Oregon are Connect Oregon (powered by Unite Us) and Findhelp (formerly Aunt Bertha).
- House Bill 4150 (2022) directs the HITOC to convene one or more groups to explore strategies to build on current CIE networks to accelerate, support, and improve secure, statewide CIE and provide recommendations to the legislature in a draft report by September 15, 2022, and a final report by January 31, 2023.

Health Information Technology Oversight Council. "House Bill 4150 Final Report: Supporting Statewide Community Information Exchange," available at https://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/HB4150FinalReport.SupportingStatewideCIE.pdf

Oregon Health Authority. "Community Information Exchange to Support Oregon's 1115 Medicaid Waiver," available at https://www.oregon.gov/oha/HPA/OHIT/Documents/CIEtoSupportOregons1115MedicaidWaiverInformationalBrief.pdf

Example of Partnership — Oregon's Community Information Exchange

- Oregon requested CMS Medicaid Enterprise Systems funding for CIE via an Implementation APD on March 11, 2024.
- Oregon's Strategic Plan for Health Information Technology 2024–2028 states the following:
  - Support, accelerate, and improve statewide commur information exchange (CIE) efforts
  - Provide support for CBOs and additional partners to participate in CIE.
  - OHA and the Oregon Department of Human Service (ODHS) should support and participate in statewide efforts by using CIE where appropriate and supportir advancement efforts.
  - Use aggregated data for policy recommendations and resource allocation and align privacy and security efforts with principles of community/individual decision-making.

Health Information Technology Oversight Council. "Oregon's Strategic Plan for Health Information Technology 2024-2028," available at https://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/OregonStrategicPlanforHealthIT2024-2028.pdf

Example — New Mexico Medicaid Management Information System Replacement Project

New Mexico HSD's project is to "migrate away from program and technology silos into an integrated, flexible framework that supports service delivery and stakeholder interaction across HHS programs and organizations."

Multi-Operational Implementation Advanced Planning Document, which was approved by federal partners in January 2022, and then the annual update and request for federal fiscal year 2023 funding was approved in December 2022.

Groups Outlined In Project Needing Communication

- HHS 2020 Executive Steering Committee
- HSD Operational Steering Committee
- MMISR Leadership Team
- MMISR Project Management Office
- Enterprise Project Management Office
- HHS 2020 Governance Councils
- Independent Verification and Validation Contractor
- New Mexico Department of Information Technology
- Centers for Medicare & Medicaid Services
- Food and Nutrition Service
- Administration for Children & Families

New Mexico Human Services Department. "Medicaid Management Information System Replacement (MMISR) Project PMO1 - Project Management Plan (PMP)," available at https://webapp.hsd.state.nm.us/Procurement/docs/PMO%20Project%20Management%20Plans/EPMO_PMO1_MMISR%20Project%20Management%20Plan_V5.0_FINAL.pdf

Example — New Mexico Medicaid Management Information System Replacement Project

- Communication Management Plan was developed and "describes the communication vehicles, media, and audiences for formal communications published to internal and external stakeholders."
- Communication points recommended during the project:
  - Ensure all project plans are updated and communicated to MMISR project team members and stakeholders.
  - Communicate with stakeholders regarding federal requirements and requests for information from CMS to continue moving forward with the project without additional delay and without placing additional federal funding at risk.
  - Continued examining the needs, concerns and goals of stakeholders broken out into healthcare providers, Medicaid beneficiaries and Medicaid employees.

Additional Stakeholders

- NM Aging & Long-Term Services Department
- NM Department of Health
- NM Early Childhood Education & Care Department
- Healthcare providers
- Medicaid beneficiaries

New Mexico Human Services Department. "Medicaid Management Information System Replacement (MMISR) Project PMO1 - Project Management Plan (PMP)," available at https://webapp.hsd.state.nm.us/Procurement/docs/PMO%20Project%20Management%20Plans/EPMO_PMO1_MMISR%20Project%20Management%20Plan_V5.0_FINAL.pdf

Glossary

Acronym	Definition	Acronym	Definition
APD	Advanced Planning Document	HSFO	Human Services Finance Officers
CBO	Community-Based Organization	IT	Information technology
CCO	Coordinated Care Organization	MMIS	Medical Management Information System
CIE	Community Information Exchange	MMISR	Medical Management Information System Replacement
CMS	Centers for Medicare & Medicaid Services	ODHS	Oregon Department of Human Services
CMCS DSG	Center for Medicaid and Children's Health Insurance Program Services Data and Systems Group	OHA	Oregon Health Authority
HHS	Health and Human Services		
HITOC	Health Information Technology Oversight Council		
HRSN	Health-Related Social Need		
HSD	Human Services Department		

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