COLORADO
Department of Health Care Policy & Financing

1570 Grant Street
Denver, CO 80203

January 21, 2022

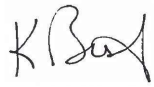
The Honorable Brianna Titone
Joint Technology Committee
Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Bridges:

Enclosed please find the Department of Health Care Policy & Financing's responses to questions from the Joint Technology Committee regarding the R-06 Value Based Payments operating budget request for FY 2022-23.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin at Jo.Donlin@state.co.us.

Sincerely,



Kim Bimestefer
Executive Director

Enclosure(s): The Department of Health Care Policy & Financing's responses to Joint Technology Committee questions on R-06.

cc: Senator Jeff Bridges, Vice Chair, Joint Technology Committee
Representative Mark Baisley, Joint Technology Committee
Representative Tracey Bernett, Joint Technology Committee
Senator Chris Kolker, Joint Technology Committee
Senator Kevin Priola, Joint Technology Committee

Tracy Johnson, Medicaid Director, HCPF

Bonnie Silva, Community Living Interim Office Director, HCPF
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Anne Saumur, Cost Control Office Director, HCPF
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Rachel Reiter, External Relations Division Director, HCPF
Jo Donlin, Legislative Liaison, HCPF

Joint Technology Committee (JTC) Staff Questions
Please respond by Friday, January 21, 2022

to: jtc.ga@state.co.us

1. Please summarize how this request aligns with the Governor's Office of eHealth Innovation, Colorado Health IT Roadmap.

Response: The Department of Health Care Policy & Financing (the Department) works very closely with the Governor's Office of eHealth Innovation and is a key stakeholder in developing the Colorado Health IT Roadmap while acting as OeHI's fiscal agent. In addition, the Department's Deputy Chief of Staff serves as the Department's representative on the eHealth Commission. Further, the Department's Deputy Chief of Staff worked closely with the team that developed the R-06 Value Based Payments budget request, and then worked with CMS to reach approval of the funding and solicitation. This direct alignment assures that budget requests that fund technology solutions are aligned between the Department and OeHI.

From the updated Colorado Health IT Roadmap issued in November 2021, the R-06 Value Based Payments budget request aligns with the following goals by providing members, providers, and stakeholders information on which providers are providing the high-quality services with the best outcomes.

Roadmap Goal 1: Coloradans, providers, payers, community partners, state, local, and Tribal agencies share data and have equitable access to needed health and social information.

Affordability

- For patients and consumers, sharing data and information across providers that is relevant and permissible can reduce duplicative and unnecessary services, lower costs, reduce time spent completing duplicative paperwork, and minimize unnecessary in-person visits.

- For providers, organizations, payers, and patients, sharing quality data and information across a shared infrastructure leads to better health outcomes and lower costs. This information can be used to reduce administrative burden with quality measure reporting, which lowers costs and incentivizes high-quality, coordinated care. Metrics and reporting for current and planned payment reform initiatives in the Office of Saving People Money on Health Care, the Behavioral Health Administration, Health First Colorado (including Alternative Payment Models for Primary Care and the Hospital Transformation Program), and commercial payers could be facilitated through improved data and information sharing.

Roadmap Goal 2: Coloradans access high-quality in-person, virtual, and remote health services that are coordinated through information and technology systems.

Affordability

- Convenient, efficient, and accessible services support Coloradans in getting the right care at the right time, avoiding costly visits to the emergency department.

Access

- The Department of Health Care Policy & Financing is supporting efforts to expand e-consults for Health First Colorado members to facilitate access to specialty care.

2. Regarding all the technical solutions in the budget request, please describe the department's plan to ensure the Governor's Office of Information Technology (OIT) best practices and standards will be implemented, including ensuring OIT security controls, account access management, IT solicitation, vendor contract recommendations, and disaster recovery.

Response: The Department currently funds two dedicated security resources that report directly to OIT thereby ensuring that the Department is not only leveraging, but supporting OIT best practices and standards for IT security and disaster recovery. The Department procurement and contracts team collaborates with and follows the OIT procurement and contracts process and requirements. Additionally, the Department collaborates with OIT to obtain Authority to Operate (ATO) for systems and approvals for vendor network/architectural security. Regarding system account management, OIT manages all network access and vendor architecture and network approvals, and all access requests into the state network. For vendor system access, the Department has established business workflows that govern those processes.

3. Regarding the Pharmacy Prescriber Tool and the PDL, please provide more technical information. Is it web-enabled, commercial off-the-shelf, custom software, or a cloud solution? Is it hosted by a vendor or the state? Please provide the technical platform, planned end-of-life cycle, and the organization(s) that provide technical support, and development. Please also provide a summary of the license model.

Response: The Prescriber Tool is a collection of modules accessible to prescribers through their EHR systems. The Department has contracted with Magellan Health (the Department's pharmacy benefit manager) to provide electronic prescribing (eRX), Real-Time Benefit Inquiry (RTBI), and electronic prior-authorization (ePA) capabilities. These capabilities are provided through commercial off-the-shelf modules which we have configured consistent with Medicaid pharmacy benefit policies. Magellan has partnered with Surescripts and Cover My Meds to support these modules and provide the Medicaid pharmacy and patient data to various EHR systems. To access these modules, providers need to have access to an EHR system which is integrated with Surescripts and Cover My Meds. Any required licensing would be for access to an EHR system. The EHR vendors provide technical assistance and support to users. The Department is also providing technical assistance and training to facilitate user adoption and utilization of these modules.

The Prescriber Tool also includes an opioid risk mitigation module provided through the Opisafe platform. The Department has contracted with Rx Assurance to provide this module which is also accessible through EHR systems. This platform is also a commercial off-the-shelf product that provides Medicaid-specific pharmacy and patient information. An individual user license is needed from Rx Assurance for access to this module, in addition to access to an integrated EHR system. Rx Assurance provides technical assistance and support to users of its platform. Since the Prescriber Tool is a modular solution provided by vendors, any end-of-life plan will consist of transferring the data and applications to new vendors when the contracts expire and a new solicitation award if made. These types of transitions will be closely monitored by the Department and included in the contracts between the current and new vendors, assuming a new vendor is awarded a future solicitation award.

4. To mitigate any performance degradation, how has the department planned for the increased transactions between the Pharmacy Prescriber Tool and the PDL? If this is not applicable, please explain.

Response: The Preferred Drug List (PDL) is basically a Department-maintained list of preferred and non-preferred drugs so there are no transactions between the PDL and the Prescriber Tool. Therefore, degradation is impossible.

5. Technically, are there any differences between the data sharing solution for the Maternity Bundle APM and the Prospective Partial Capitations to PCPs? Please describe the technical differences, or confirm this is the same technical solution? Also, please provide operating budget estimates to maintain the data sharing solution(s) after implementation.

Response: The Department is hiring a vendor with the funding from R-6 to determine what the final data sharing solution will be. Since we have not purchased the final data sharing solution, we can only provide educated guesses based on similar experience and market research the differences or similarities between the Maternity Bundle APM and Primary Care Partial Capitations to PCPs. The Department predicts that there will be some similarities in databasing, hosting. and the user-facing functional components of these projects. From our market research and similar experience, we believe that they will both have a portal and dashboard that show similar categories of data/information. We predict that despite these similarities, a majority of the work required to be done has significant variation.

Specifically, the following items will be different:

1. Required claim dataset.

2. The algorithm and definitions of provider cost, service quality performance, shared saving.

3. Calculation methodologies of provider cost, service quality performance, shared saving.

These differences result in the technical solutions being substantially different.

On-going operating budget estimates will be dependent on the outcome of the associated procurements and will be included as part of the evaluation.

4. Regarding the data sharing solution that will integrate different types of provider electronic health records (EHRs) systems with the existing HCPF Medicaid Business Intelligence and Data Management system (BIDM), please provide more technical information to support the estimates.

    a. Is the data sharing solution middleware using a service-oriented architecture? What tier in the system architecture will the algorithms process?

Response: The Department cannot provide this level of technical information at this time since the solicitation has not been issued, and the technology solution that the vendor will provide to connect to EHRs and the BIDM have not been presented. How the selected vendor plans to integrate the information into a provider's EHR and then integrate into the Department BIDM will be part of the selection process. The Department expects that vendors will provide a solution with APIs that allow data to be transmitted between EHRs and the BIDM. Such APIs will be required to follow the security protocols established by OIT.

b. Does the department plan to use a third-party tool for the data sharing, or the algorithms, or both? Is any part of the data sharing solution custom code, or possibly vendor intellectual property?

Response: While the final solution is subject to a solicitation process using an Invitation to Negotiate (ITN) that may result in a different solution, we anticipate that both data sharing and algorithms will be third party tools managed directly by the vendor. While the Department may select a COTS product, there will be implementation and configuration pieces that are unique to Colorado. This is similar to how all systems are managed by the Department's contractors (e.g., the Department's claims processing system, data analytics system, pharmacy system, prior authorization system, future eConsult system). Even if the vendor provides a solution that is considered their intellectual property, the contract will contain requirements that the Department has licensing and use of the solution without direct support of the vendor and that the information can be transferred to another party or the Department when the contract ends. Working with OIT on security and interoperability standards that will be included in the contract, the Department has experience and understands how to contract for these types of technology solutions.

5. The department and providers may experience system performance degradation due to the integrations and additional load. Please summarize the department's plan to conduct performance testing before implementation.

Response: The Department conducts load testing with large system implementations, to simulate volumes and ensure the system is performing as expected. This plan is included in the User Acceptance Testing of the systems prior to approving production release. This contract requirement to perform load testing will be included in the vendor contract(s).

6. Please provide greater details regarding the cost estimates included in the budget request for the "Analytical Tools & Systems Costs" line items for each of the following, such as the exact system work that is planned to be done, individual components of these costs, and how these costs were estimated (RFIs, etc.):

    - Pharmacy Prescriber APM: $901,839
    - Maternity Bundle APM: $4,614,060
    - Primary Care Adults APM: $1,349,263
    - Primary Care Pediatrics APM: $1,349,263
    - Colorado Providers of Distinction: $2,251,102

Response: The Department has received approval from the Centers for Medicare and Medicaid Services (CMS) on the Advanced Planning Document on 1/4/2022 for use of 90/10 funds for the entirety of the Analytical Tools and Systems Costs line item. Each individual component is explained in greater detail below:

Pharmacy Prescriber APM:

The Department intends to develop a portal and dashboard to show practice utilization of pharmacy services relative to peer practices, provider service quality and performance data, and information to help each practice make informed decisions around their prescribing behavior, such as prescribing behavior for certain classes of medications. This information will help practices adjust their behavior to increase the likelihood of success in the Pharmacy Prescriber APM.

The entire cost of the portal and dashboard are based on similar work being done by the Department, an estimated number of hours, as well as market research. The development of the portal to be used by an estimated between 3,000 and 4,000 practices is $600,000 and the data integration is estimated at $301,839.

Maternity Bundle APM:

Development of a portal and dashboard that show data/information such as service utilization data, provider cost performance data, provider service quality performance data, gap analysis, and saving calculations using both claims and clinical data elements. The clinical data elements will be extracted from obstetric practices electronic health records and aggregated for both quality assurance and payment purposes using a variety of measures that are nationally maintained and recognized by the National Committee for Quality Assurance and other industry standards. It was estimated based on previous clinical data extraction and aggregation efforts with primary care practices that the cost per maternity practice will be roughly $11,000. The cost of calculating a measure is estimated to be around $800 per measure with practices selecting an estimated six measures per practice. That brings total measure submission costs with 200 obstetric practices to roughly $3,160,000.

In addition to the practice-based work the Department will need to develop the measures in the solution that is selected. From previous clinical measure development work the Department estimated this cost to be around $30,000 a measure. The Department hopes to develop 20 measures for practices to select from at a total development cost of $600,000.

There will be costs associated with development of the portal and data integration into BIDM as well and we estimated these costs to be roughly $480,000 and $374,060 respectively based on the numbers of hours these projects are anticipated to take to implement and standard contracting rates the Department utilizes for these types of development work.

This brings the total to $4,614,060. Many of these costs are for initial development of a new program with a new population of providers with clinical data that the Department has not received in the past. As such the Department lowered estimates in FY 2023-24 when we will be able to focus on simply delivering measure scores to obstetric practices using the technology developed in FY 2022-23.

Primary Care Adults and Pediatric APMs:

The Department intends to develop a portal and dashboard to show primary care doctors clinical information for the management of patients with chronic conditions for adult primary care and a portal and dashboard to support pediatricians with relevant clinical information. The Department already collects clinical data from electronic medical records for both adult and pediatric primary care doctors in the APM 1 program which was funded through a FY 2017-18 budget request for delivery system and payment reform.

For adult primary care the vendor needs to develop the algorithms for the top 13 chronic conditions. This algorithm will have to be integrated with the Colorado data warehouse so the Department and providers can have as close to real time information as possible for the management of members with chronic conditions. This data around chronic episodes will be shared with Primary Care Medical Providers (PCMPs) through a portal with dashboard access where PCMPs can see utilization of services/cost, avoidable clinical events, and performance relative to their peers.

The pediatric APM is to be designed by the vendor who will be selected after R-6 is approved and funded and the episodes for the pediatric APM are unknown at this time. The Department expects the dashboard and portal will be similar to the chronic condition management solution for adult primary care and will need to be integrated with the Colorado data warehouse.

The Department estimated the costs for the portal and data integration based on the estimated number of hours to complete based on similar work, as well as market research. The Department estimates that the portal and dashboard will cost an estimated $800,000 for both adult and pediatric primary care. The increased cost is due to the complexity of modeling many different episodes of care with different views for end users. The estimated cost of the integration is $549,263.

Colorado Providers of Distinction:

The selected contractor will be tasked with implementing an episode grouping algorithm to produce outputs for a minimum of 10 episodes that show the typical and complication costs that are associated with various episodes of care, using the Tennessee Medicaid (TennCare) episode definitions as a starting point. Development of a portal and suite of visual analytics that displays provider performance, quality, safety, and efficiency metrics within episodes of care will also be required. The contractor will be tasked with exploring and

recommending optimal metrics to use, and the final decisions on the metrics that are used will be made by Department staff. Since the data will be disseminated to primary care and specialist providers, the contractor will also be tasked with integrating these visual analytics into the data systems that these providers use. The Department plans to use the eConsults platform to deliver these analytics to providers. The data is also intended to assist Medicaid members in choosing an optimal provider for their health care, so the analytics suite will need to be integrated into the resources that Medicaid members have access to, as well. To achieve that end, the analytics will be integrated into the Find a Provider tool, which is part of Colorado PEAK.

The estimated cost of the episode grouping algorithm and customization, based on stakeholder input, for providers of distinction is $750,000. The portal and suite of visual analytics is estimated to cost $250,000. The linkage with the eConsult platform is estimated to cost $750,000 and $250,000 with the Find a Provider tool. Since the data will be integrated in eConsults and the Find a Provider Tool, the Department would likely need a less robust solution than previously mentioned portals. The integration with the Colorado Medicaid data warehouse (BIDM) is estimated to cost $251,702 based on the lower number of providers who will qualify to become providers of distinction. Each of these estimates are based on similar work and the estimated number of hours to complete.

7. Please describe the department's change management plan for the IT changes envisioned in this request.

Response: The APM and Colorado Providers of Distinction projects will be assigned a project manager from the Department's Enterprise Project Management Office (EPMO) and will follow the EPMO's standardized project management process, including a change management process known as ADKAR. The EPMO also utilizes robust project management plans, that include communication, risk management, and operational readiness plans, to ensure communications and training occur timely, and risks are being managed and mitigated appropriately.

8. The budget request says that a vendor will link the episode-based analytics to the department's Find A Provider tool to provide members with information about the quality of care of different providers. Please provide more technical information about the Colorado Providers of Distinction. Is it a web portal displaying information from different sources, such as the Find A Provider tool? Will it provide data to other systems? (If preferred, provide a diagram.)

Response: The technical approach to delivering information to members about provider quality of care will be defined by the vendor we select. Our goal is to display information in

the Find a Provider tool that summarizes results for the provider's episode-based measures of cost, quality and safety performance through an integration with the web based Find a Provider Tool. The Find a Provider Tool is accessible to members through their PEAK accounts, and is integrated into the Health First Colorado mobile application. It is also publicly available online through the Colorado PEAK website.

On the provider side, data on episode cost, quality and safety performance will be integrated into the eConsults system to deliver data to primary care and specialist providers' electronic health records.

9. From a technical perspective, how will the Colorado Providers of Distinction link the specialist Provider of Distinction to the eConsult platform? What is the status of the eConsult platform, and if applicable, when is its planned completion date?

Response: Colorado Providers of Distinction will utilize the eConsult platform as it is developed. The selected vendor will help identify the best strategy to connect the tools. It is the Department's intention that Colorado Providers of Distinction would be listed as a higher priority match when seeking consults and providers would be directed to these high performing providers. The Department will be releasing an ITN this Spring for the eConsult platform. The platform is expected to be operational at the beginning of FY 2023-24.

10. Who are the user group(s) for eConsult and the Colorado Providers of Distinction? Will the Colorado Providers of Distinction ratings be available to the public? Why or why not? Will there be a fee to use the solution? Does the department plan to integrate with MyColorado at a later date?

Response: The user groups that the Providers of Distinction system are intended to reach are primary care and specialist providers, via the eConsults platform, and Medicaid members, via the Department's Find a Provider tool (a Medicaid provider directory). The Department plans to make the provider performance data free to access for the public, via the Find a Provider tool, with the intention of incentivizing providers to compete with each other on these metrics and attempt to become certified as a provider of distinction. To that end, it is beneficial for as many people as possible to have eyes on the performance data. At this time, the Department does not have the Medicaid provider directory in MyColorado since the Department focuses on the Medicaid and CHP+ populations rather than serving all Coloradans with health insurance. Further, individuals with private health insurance need to verify that providers are within their insurer's network before receiving any medical services. If OIT desires to iterate that information into MyColorado the Department could consider making that information available, since it will be publicly available.

11. The budget request explains that the "episode-based analytics and Find a Provider tool platforms will be updated . . . .[and] analytics to support primary care doctor referrals to specialists through eConsult will also require updates on an annual basis". Does the department plan to add a user administrator feature to the solution(s) that allows super-users to update the system instead of a developer? Why or why not?

Response: While the final solution is subject to a solicitation process using an Invitation to Negotiate (ITN) that may result in a different solution, we anticipate that the solution will not have an administrator feature since the solution will be maintained by the vendor.

COLORADO
Department of Health Care Policy & Financing

1570 Grant Street
Denver, CO 80203

January 21, 2022

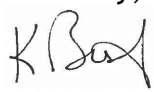
The Honorable Brianna Titone
Joint Technology Committee
Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Titone:

Enclosed please find the Department of Health Care Policy & Financing's responses to questions from the Joint Technology Committee regarding the R-14 MMIS Funding Adjustment and Contractor Conversion operating budget request for FY 2022-23.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin at Jo.Donlin@state.co.us.

Sincerely,



Kim Bimestefer
Executive Director

Enclosure(s): The Department of Health Care Policy & Financing's responses to Joint Technology Committee questions on R-14.

cc: Senator Jeff Bridges, Vice Chair, Joint Technology Committee
Representative Mark Baisley, Joint Technology Committee
Representative Tracey Bernett, Joint Technology Committee
Senator Chris Kolker, Joint Technology Committee
Senator Kevin Priola, Joint Technology Committee

Tracy Johnson, Medicaid Director, HCPF
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Jo Donlin, Legislative Liaison, HCPF

Joint Technology Committee (JTC) Staff Questions
Please respond by Friday, January 21, 2022
to: jtc.ga@state.co.us

1. The Colorado Department Health Care Policy & Financing (HCPF), FY 2022-23, MMIS Funding Adjustment and Contractor Conversion, operating budget request (budget request), explains that the Centers for Medicare and Medicaid (CMS) requirements are data flow between a well-designed modular system architecture and trends away from large, single-system implementations.

    a. Regarding the modular re-procurement model, is creating interoperable modules a CMS mandatory requirement or a recommendation? Are there any CMS penalties if a department chooses to keep its existing large, single-system?

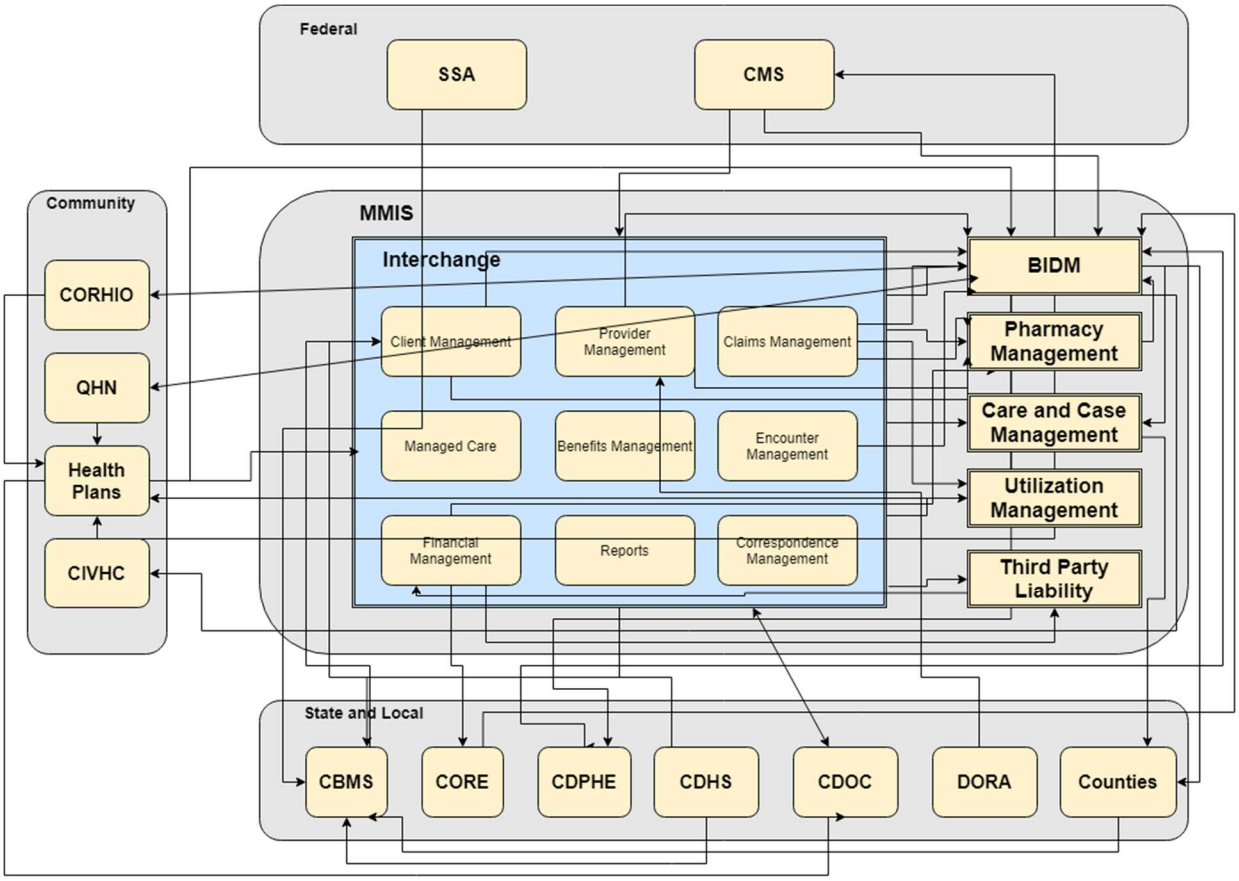
Response: As described in 42 CFR § 433.112 - Federal Financial Participation for design, development, installation or enhancement of mechanized processing and information retrieval systems FFP is available at the 90 percent rate in State expenditures for the design, development, installation, or enhancement of a mechanized claims processing and information retrieval system only if the Advance Planning Document (APD) that the state submits to receive enhanced federal matching funds is approved by CMS prior to the State's expenditure of funds. CMS will approve the claims system described in an APD if certain conditions are met. One of the conditions to receive enhanced federal match is that a system must use a modular, flexible approach to systems development.

The Department does not currently have a single system, the three main modules of the current Medicaid Enterprise Systems (MES) are the Colorado interChange, also known as the Medicaid Management Information System (MMIS), the Business Intelligence Data Management system (BIDM), and the Pharmacy Benefits Management System (PBMS). CMS will not approve or provide enhanced federal match funding to the Department without modular design.

    b. Please summarize the current system design (e.g., modular), any supporting technical information, and the department's design recommendations for the existing: (1) Medicaid Management Information System (MMIS) and the Colorado interChange MMIS supporting functions; (2) Fiscal Agent services; and the (3) Business Intelligence and Data Management system (BIDM);

Response: The current Medicaid Enterprise System Architecture comprises three main systems that encompasses most of the Medicaid functionality. The Interchange System embeds most of the business functionality, such as Member Management, Provider Management, Claims Management, Managed Care, Benefits Management, and Financial Management. The Interchange System (MMIS) interfaces with the Pharmacy Benefits System (PBMS) and the Business Intelligence and Data Management (BIDM) System. There are more than 200 interfaces within the Medicaid Enterprise Systems, which are made up of either individual file exchanges or Electronic Data Interfaces (claims processing).

Below is a high-level illustration of the current environment.



A summary of the Department's design recommendations for the existing: (1) Medicaid Management Information System (MMIS) and the Colorado interChange MMIS supporting functions; (2) Fiscal Agent services; and the (3) Business Intelligence and Data Management system (BIDM) will continue to expand on the current modular services approach. The future design will ensure the Medicaid Enterprise System is designed and optimized for its business domains.

This strategy will provide systems interoperability across internal and external partners. It will clearly define authoritative sources for each business domain, and by clearly defining system boundaries. The Medicaid Enterprise System will be closely aligned with the business operations and have the modularity to enable changing and replacing modules partially or in its entirety without impacting the whole system. A System Integration module will be implemented to connect to each of the existing modules, providing governance for aggregating the business domain data and transforming it into a standardized data model. This System Integration module will run on a platform that has a capability to connect to disparate data systems, ingest file inputs that are in X12 EDI format, as well as other flat file formats, and be able to create interfaces based on APIs.

c. Is the module architecture design in support of the agile methodology? Why or why not?

Response: The modular design is in support of the agile methodology. This design has the modularity to enable changing and replacing modules partially or in its entirety without impacting the whole system. The Department will create an agile technology architecture that can easily adapt to changing business requirements, and policy changes. Providing opportunities to innovate on top of the existing technology assets. Each module has its own product owner and backlog and the service integrator vendor the Department is currently procuring will collaborate with OIT and modular vendors to design and maintain the appropriate governance to manage multiple modules. This agile technology architecture can easily adapt to the business requirements, and policy changes and will lower the overall maintenance cost, while providing opportunities to innovate on top of the existing technology assets.

2. Will the business analysts, testers, and project manager employed to support existing technical solutions be employed under the Governor's Office of Information Technology (OIT)? If not, please provide the reason. Please also summarize OIT's involvement in maintaining these solutions, including the department's plan to comply with OIT best practices and standards for information technology (IT) security, system account management, disaster recovery, and IT procurement, including solicitation and vendor contracts.

Response: The Business Analysts, Testers, and Project Managers are employed by the Department of Health Care Policy and Financing (the Department). The Business Analysts and Testers for Medicaid services are primarily responsible for understanding the Medicaid and CHP+ program in addition to traditional Business Analyst and Tester roles to ensure that Medicaid and CHP+ policies that are implemented into the Department's MES meet program goals, without defects. In order to configure systems within required timelines, Business Analysts and Testers must have Medicaid and CHP+ experience. Experienced Department

Business Analysts and Testers reduce the number of defects in the production environments and have reduced the implementations of incorrect program policies. Implementing incorrect or missed policies pose significant harm to members and providers. Because the Department is not building systems from the ground up, but primarily configuring existing systems, the most important requirement for Business Analysts and Testers is to understand Medicaid and CHP+ complicated policies. Business Analysts and Testers that do not have the knowledge or experience in the Medicaid/CHP+ program add time and cost to the program.

The Project Managers are employed by the Department, for many of the same reasons. At the Department, Project Managers are in charge of not only the day-to-day project management, but also mitigating risk by understanding Medicaid Programs and vendor contract requirements, managing service levels in contracts, and escalation points within the Department to resolve issues quickly. The Department has an established Enterprise Project Management Office, that utilizes Microsoft Project Online to track, report, and manage all project tasks and also follows the Project Management Body of Knowledge (PMBOK) principals. Additionally, the Project Managers at the Department are tasked with writing the Advance Planning Documents (APD's) that CMS approves to receive enhanced federal match for MES projects, developing CMS required project outcomes and metrics for those projects, effectively managing multiple Department projects across the enterprise, as well as providing program, state and federal policy knowledge to guide the project from beginning to final CMS certification. It takes years to develop high performing Project Managers for the Department, and the Department has developed training programs and performance management processes that align with the Department's. The Business Analysts, Testers, and Project Manager have to collaborate in multiple meetings daily to support the certification process from CMS to ensure that the Department continues to receive enhanced funding.

The Department currently funds two dedicated security resources that report directly to OIT thereby ensuring that the Department is not only leveraging, but supporting OIT best practices and standards for IT security and disaster recovery. The Department procurement and contracts team collaborates with and follows the OIT procurement and contracts process and requirements. Additionally, the Department collaborates with OIT to obtain the Authority to Operate (ATO) for systems and approvals for vendor network/architectural security. Regarding system account management, OIT manages all network access and vendor architecture and network approvals, and all access requests into the state network. For vendor system access, the Department has established business workflows that govern those processes.

3. The budget request explains that "the department is unable to absorb or even start working on system changes due to changes in state and federal policy because of a lack of state resources available to manage and track projects." Please list the

active, high priority projects and indicate which are as a result of state or federal policy.

Response: Currently, the Department has 41 active projects, and 23 of the projects are mandated by either the State or Federal legislation. Other projects not mandated through legislation are cost savings measures, either through operational efficiencies or reimbursement methodology changes.

Change Request #	Mandate by State/Federal/ Department	Change Request Title	Target Fiscal Year Implementation (Yr-Qtr)
45011	Federal	Override Existing Member Eligibility Spans - Public Health Emergency (PHE) must end	TBD
48359	Federal	Accept, Process, and Story Qty Prescribed in the 4.2 Pharmacy National Council for Prescription Drug Program file (MMIS/BIDM)	2021-22 Q4
49917	Federal	Extract Medicare Buy-in File and submit to CBMS (MMIS and CBMS)	2021-22 Q3
43330	Federal	DME/Oxygen Reimbursement based on Member Location	2021-22 Q4
45175	Federal	Prorate Reimbursement for Partial Eligible clients	2021-22 Q4
48312P1	Federal	Provider Licensing - Phase 1	2021-22 Q3
48312P2	Federal	Provider Licensing - Phase 2	2021-22 Q4

49825	Federal	Third Party Liability (TPL) Coverage Types and Claims Processing (TPL and MMIS)	2022-23 Q1
49595	Federal	Electronic Visit & Verification (EVV) Provider Editing Enhancements / COTS product maintenance updates	TBD
50629	State	Inpatient Hospital Review Program (IHRP)	TBD
47997	State	In-Home Dialysis Regional Payment Rates	2022-23 Q1
43241	State	Multi-Factor Authentication for the Portal and interChange User Interface (Policy/3rd Party Dependency); Modular COTS (EVV & Care/Case Management)	TBD
45174	State	Managed Care Encounter Claims Updates for Manual Pricing and New Lab-Radiology Duplicate Audit	2022-23 Q1
48080	State	Case and Care Management Tool Implementation	2021-22 Q4
48116P4	State	Home & Community Based Services (HCBS) Denver County Pricing for MMIS (Phase IV - Bridge/Non-CDASS)	TBD
48518	State	HCBS Streamline Eligibility (CBMS, iC and CCM)	2021-22 Q4

49121	State	Onboard CO Dept of Revenue to interChange Vendor Intercept Process	TBD
50252	State	Telemedicine Provider Specialty Type	2021-22 Q3
50627	State	SB21-009 - Reproductive Health for Undocumented Coloradoans	2021-22 Q4
TBD	State	SB21-025 - Family Planning for Eligible Coloradoans	TBD
TBD	State	SB21-194 - Mental Health for Postpartum	TBD
Audits	State/Federal	Audit requests (research and enhancements based on findings)	Continuously
Transmittals	State/Federal	Agile Projects: Benefit Changes to Medicaid/CHP. Incorporate CDHS's Behavioral Health	Continuously