

Colorado Department of Health Care Policy & Financing

Medicaid Enterprise Solutions Procurement Strategy Overview

February 25, 2022

Welcome & Opening Remarks



Presenter: Parrish Steinbrecher, Health Information Office Director
Colorado Department Of Health Care Policy & Financing

Disclaimer

This presentation is based on the best available information as of the date of this event and contains high-level plans and estimated dates that are strategic in nature. Any future procurement information presented today should not be viewed as an obligation on the part of the Colorado Department of Health Care Policy and Financing.

All information contained in this presentation, whether written or spoken, is subject to change. Because of the nature and intended purpose of this presentation, no questions will be fielded in this presentation...however

Questions

- With the disclaimer out of the way, WE ENCOURAGE AND DESIRE QUESTIONS!
- We consider you partners in our evolution to be better and instrumental in helping us develop Colorado's Medicaid future. We will discuss our procurement process in this presentation, and we believe this process allows both of us the best opportunity to achieve our desired outcomes.
- We will provide the process to ask questions at the end of the presentation

Agenda

Welcome &
Opening Remarks

MES Strategy

Medicaid
Integration Data
and Alignment
(MIDA) Overview

Business
Intelligence Data
Management
(BIDM) Overview

Pharmacy Benefit
Management
System (PBMS)
Overview

Medicaid
Management
Information System
(MMIS) Overview

Procurement
Guidelines & ITN
Resources

Closing Remarks



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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Terms & Definitions

Term/Acronym	Definition
API	Application Programming Interface
BIDM	Business Intelligence Data Management
CHP+	Child Health Plan <i>Plus</i>
COMMIT	Colorado Medicaid Management Innovation and Transformation
HCPF	Health Care Policy & Financing (the Department)
Health First Colorado	Colorado's Medicaid Program
ITN	Invitation to Negotiate
MES	Medicaid Enterprise Solutions
MIDA	Medicaid Integration Data and Alignment
MMIS	Medicaid Management Information System
PBMS	Pharmacy Benefit Management System
RFP	Request for Proposal
SSO	Single Sign-On

Who we are

The Colorado Department of Health Care Policy & Financing (Department) is responsible for administering Health First Colorado (Colorado's Medicaid Program) Child Health Plans *Plus* (CHP+) programs.

The Governor's Office of Information Technology (OIT), integrates and coordinates technology solutions for the State of Colorado's executive branch agencies so that they can fulfill their unique missions and provide essential services for Coloradans. OIT also manage the state's IT infrastructure, including the Colorado State Network used by local governments, and provide the tools, policies, standards and rules that state employees need to do their jobs.

Purpose & Objective

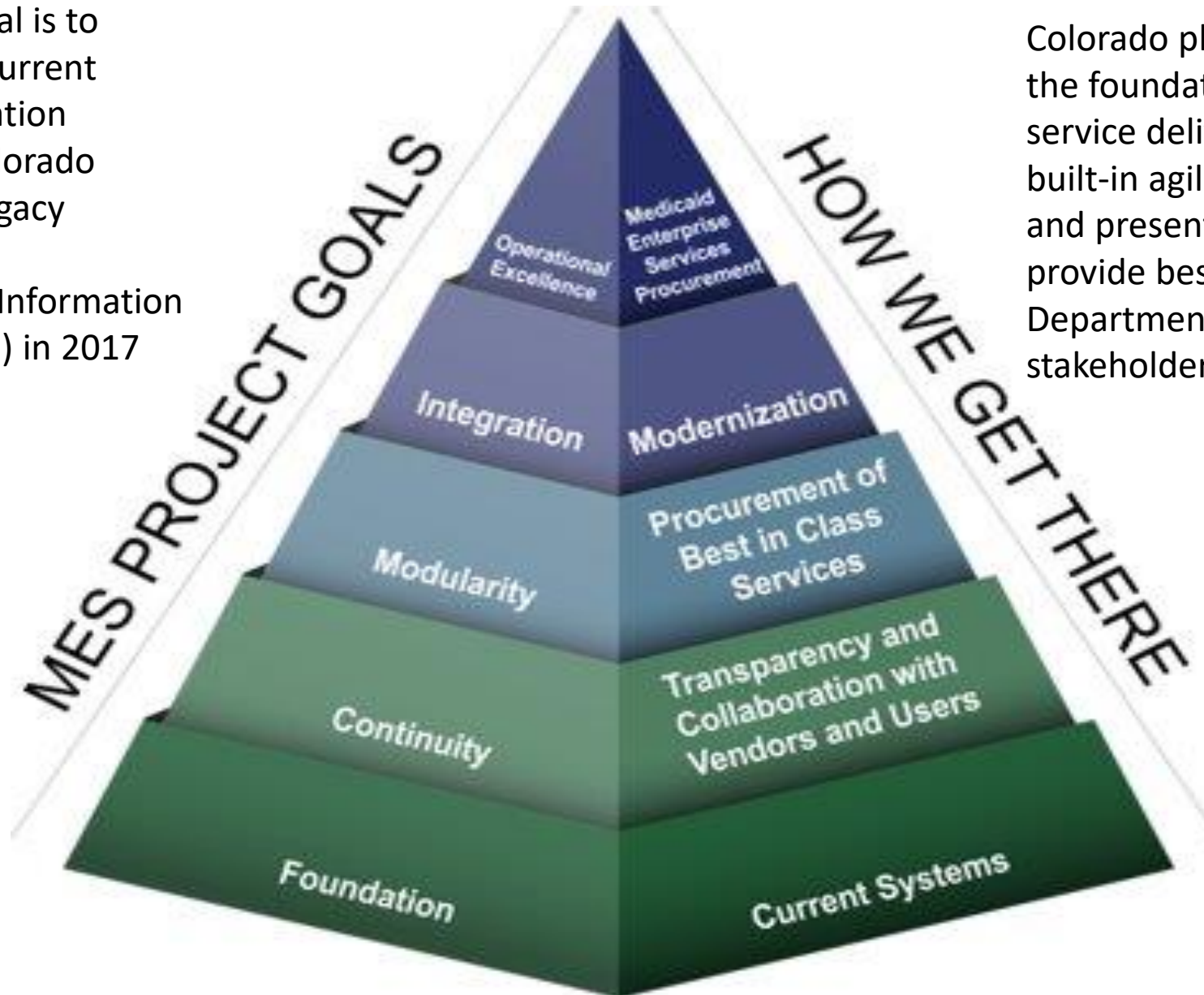
Purpose:

The purpose for today's event is to provide vendors with information on the strategy, high-level conceptual architecture/data flow, and upcoming procurement activities as Colorado continues to modernize our Medicaid Enterprise Solutions (MES).

Objective:

- Introduce and familiarize vendors with the CO MES ecosystem
- Provide information on existing challenges and future vision
- Share timeline and strategy for vendor opportunities

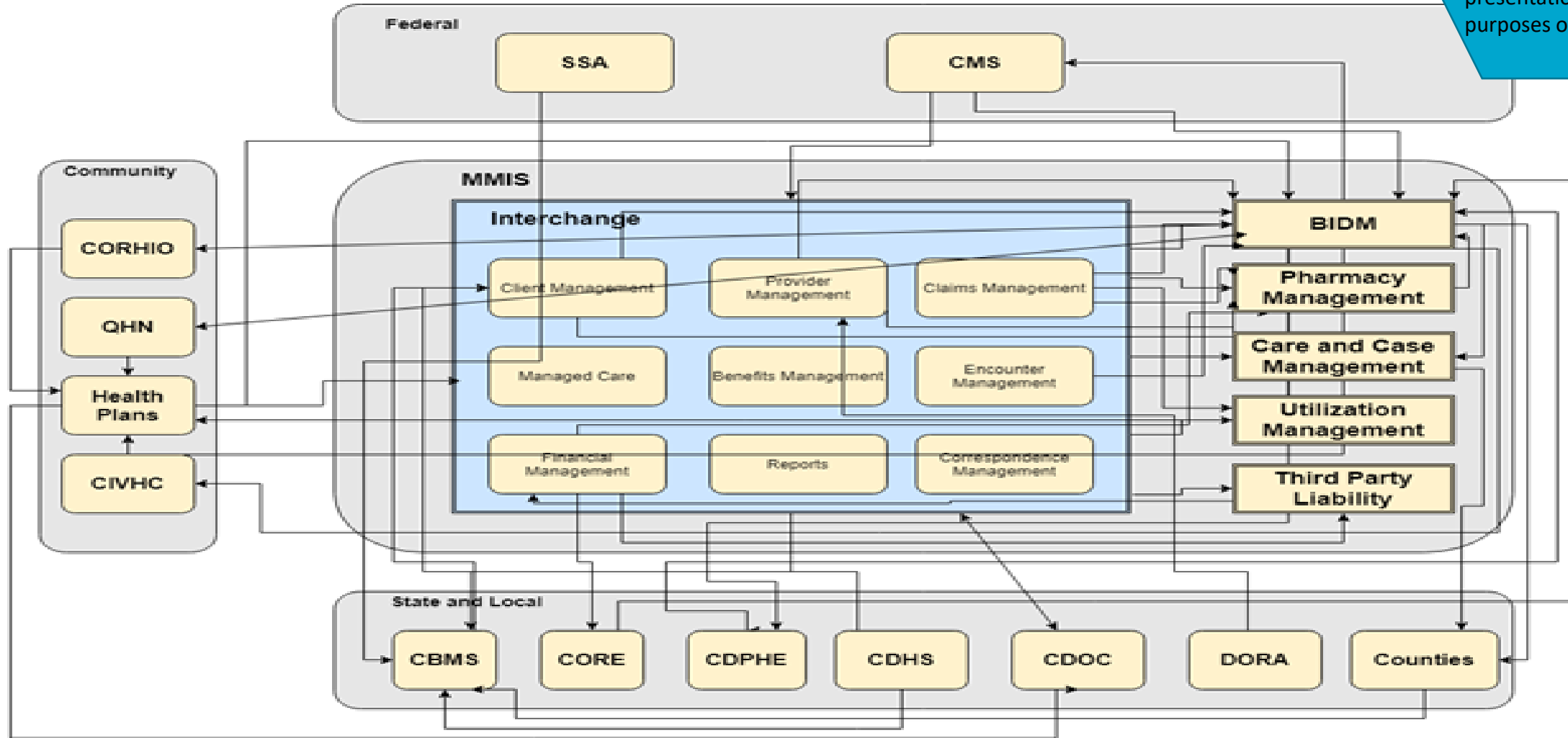
The overall goal is to enhance the current system foundation built when Colorado replaced its legacy Medicaid Management Information System (MMIS) in 2017



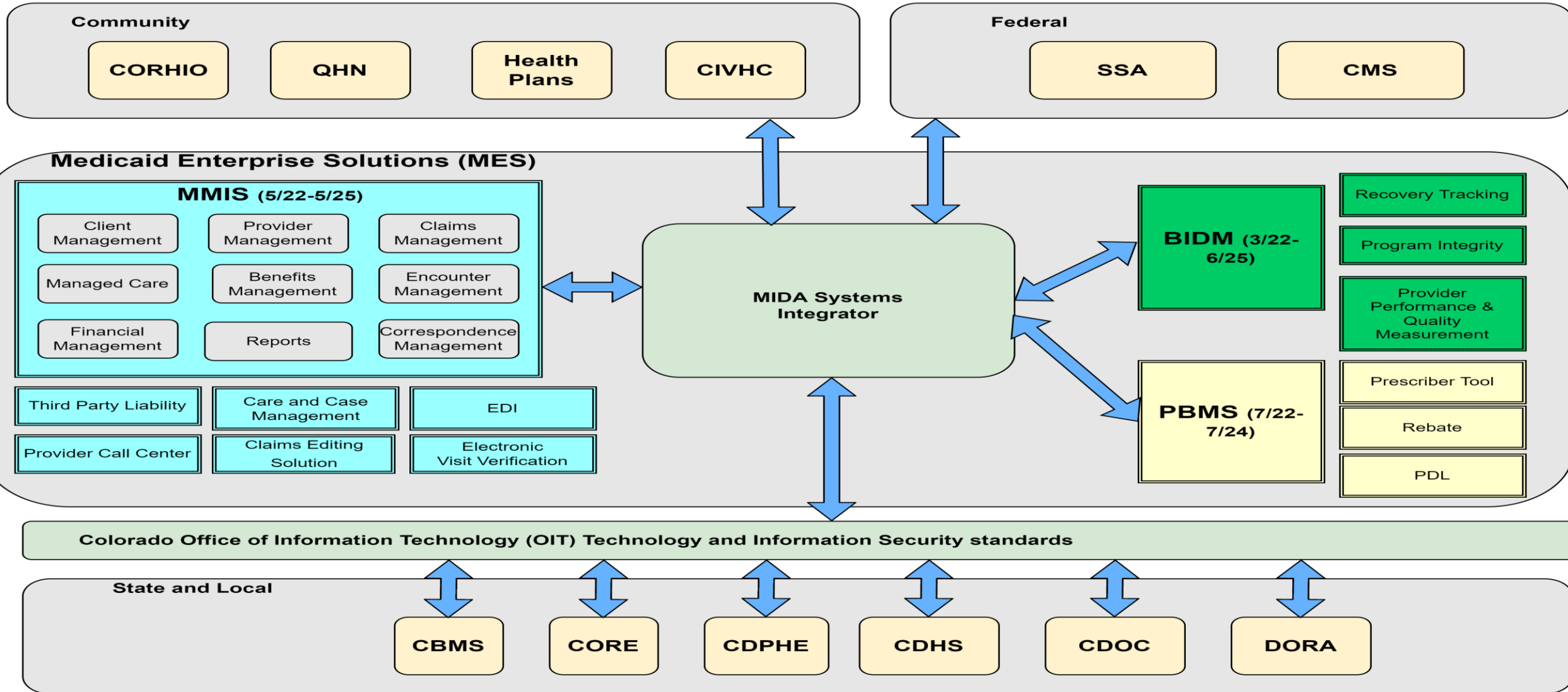
Colorado plans to continue to build upon the foundation of the current MMIS with a service delivery model that is both flexible, built-in agile processes, and presents modular capabilities that will provide best-in-class capabilities to the Department's members, providers, stakeholders and staff.

Current Environment

*This diagram does not represent the full list of interfaces, for presentation purposes only



Conceptual Future State



Guiding Principles

Our MES procurement strategy signifies the Department's planning, preparation, integration, and eventual operational work to procure its core systems, as well as a new Medicaid Integration Data and Alignment (MIDA) vendor to perform as the Department's system integrator.

The Department anticipates utilizing the selected MIDA vendor to assist in our modular procurement process to ensure MES services are procured and implemented without disruption to Health First Colorado members, providers, stakeholders, or staff.

Vendor Opportunities

Anticipated Contract Start Dates

MIDA
Contractor
(SFY 2022)

BIDM
Contractor
(SFY 2023)

PBMS
Contractor
(SFY 2023)

MMIS
Contractor
(SFY 2024)



MES Integration Data and Alignment (MIDA)



Presenter: Vicki Foreman, Medicaid Enterprise Integration, Data & Alignment Director
Colorado Department Of Health Care Policy & Financing



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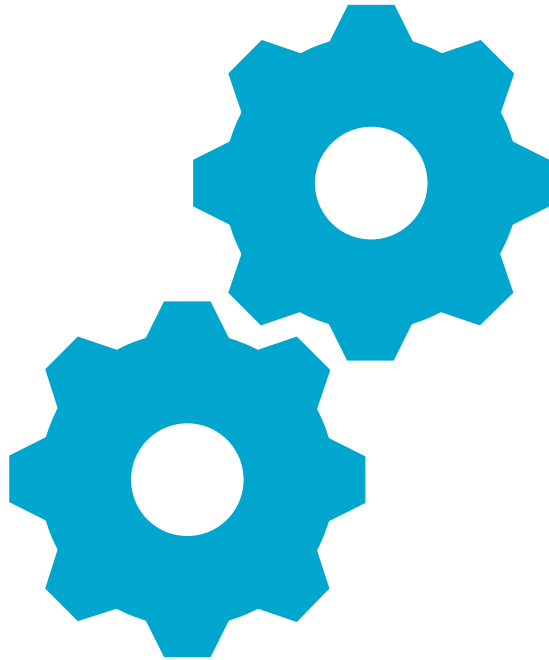
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MIDA Overview

The Department created a MIDA Division (formerly referred to as the Service Integration Unit in the ITN) to oversee all data integration activities across the MES. This Division works collaboratively with Department and Contract Vendor Staff to ensure data models, interface files, Application Program Interfaces (API), data workflows, and data governance adheres to State and Federal standards and industry best practices.

To help successfully and efficiently move to a modular aligned MES, the Department will partner with a MIDA Contractor to support a cohesive approach to modular integration. The MIDA Contract is anticipated to be executed in Spring 2022.

MIDA Mission Statement



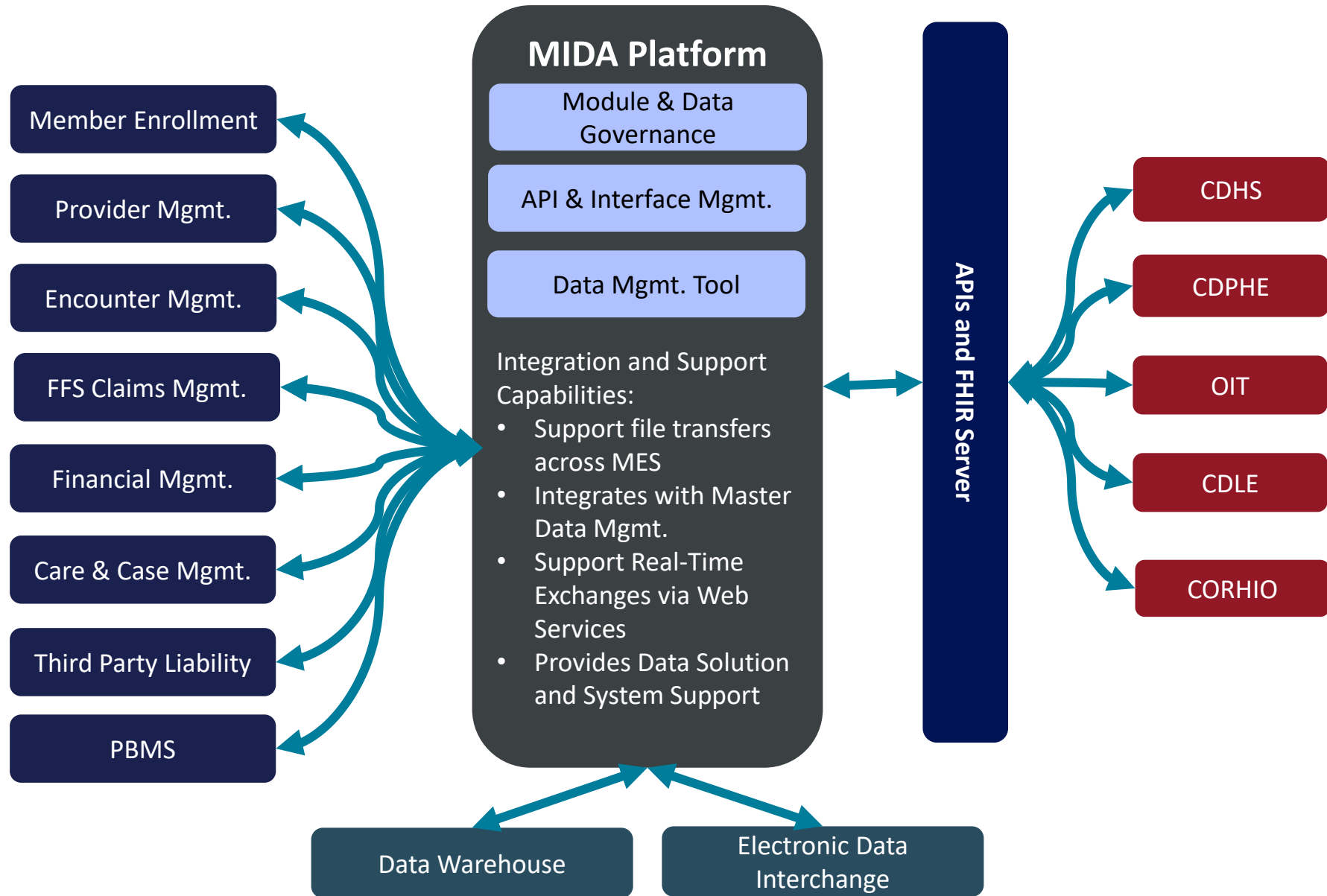
The MIDA Contractor will provide the highest quality development and design processes by enforcing collaboration across the MES, reusing technology, eliminating duplication and bringing a robust standardized data model approach to enable Member Health Outcomes and Department Operational Excellence.

MIDA Division Objectives

- Agility to respond to program needs quickly and reduce administrative burden to state resources.
- Increase member and provider reporting efficiencies for access to timely, quality data.
- Allow for interoperable integration and onboarding modules in a standardized manner.
- Administer a complete and accurate data model with flexible interfaces and ease of data sharing.

MIDA Contractor

- The MIDA Contractor will be responsible to foster relationships and communication to build a cohesive, collaborative program that is mutually beneficial and productive.
- The MIDA Contractor will oversee MES integration Governance, data conversion, API development and maintenance, and Electronic Data Interchange (EDI).
- In future phases, the Department anticipates the MIDA Contractor will be responsible for Identity and Access Management tools, such as Single Sign On (SSO), across the MES ecosystem.



Colorado MIDA Roadmap

Solicitation

End 4/29/2022

Select a MIDA Vendor via ITN to complete Phase 1 with the option to extend through Phase 3

Phase 1

End 6/30/2023

Groundwork to develop a new MES modular conceptual design, data integration architecture, and strategic roadmap

Phase 2

End 6/30/2024

Acquire technical infrastructure and integration platform. Design, Development, and Implementation

Phase 3

Ongoing

Support services for ongoing operations and maintenance. Integrate new and existing modules into integration platform.

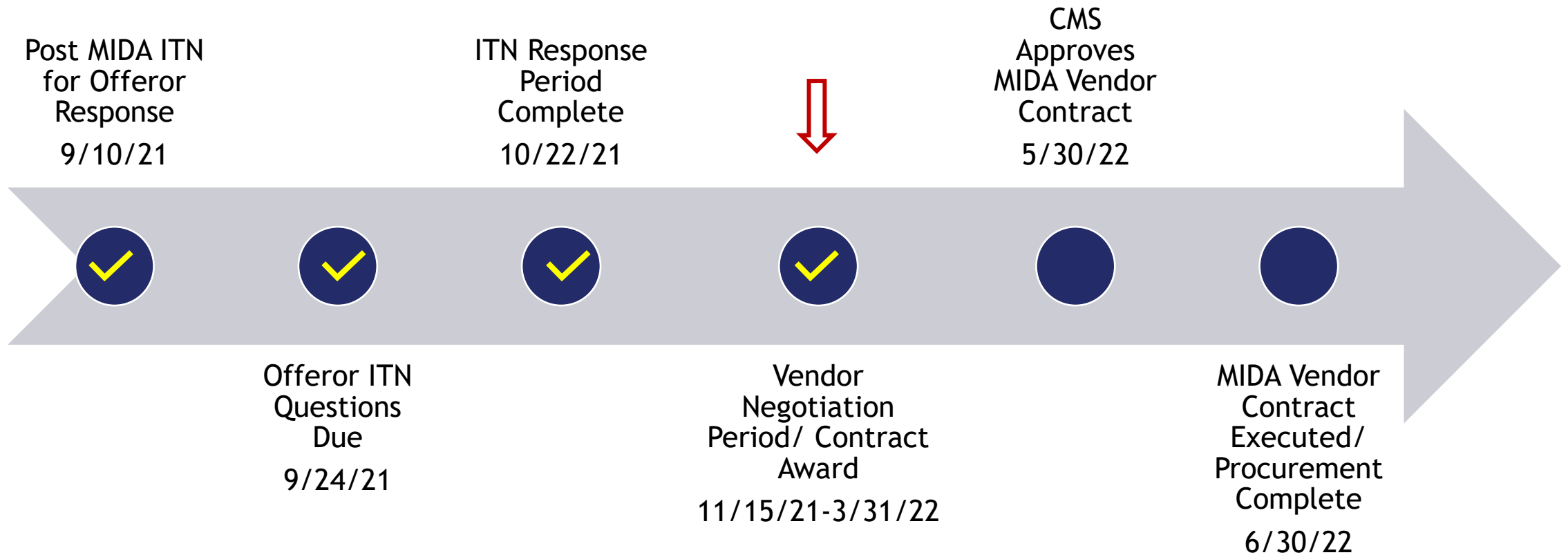
YOU ARE HERE



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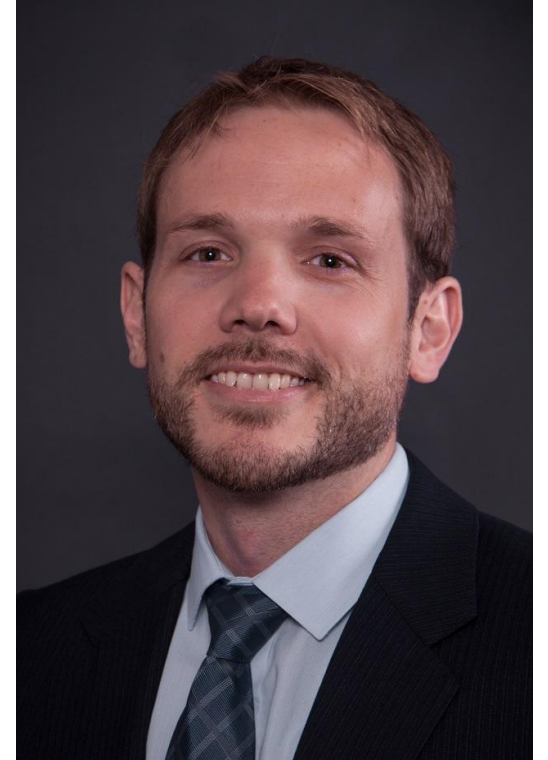
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MIDA Procurement





Business Intelligence Data Management system (BIDM)



Presenter: Joel Dalzell, Medicaid Enterprise Health IT Director
Department of Health Care Policy & Financing



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BIDM System Overview

IBM Services include:

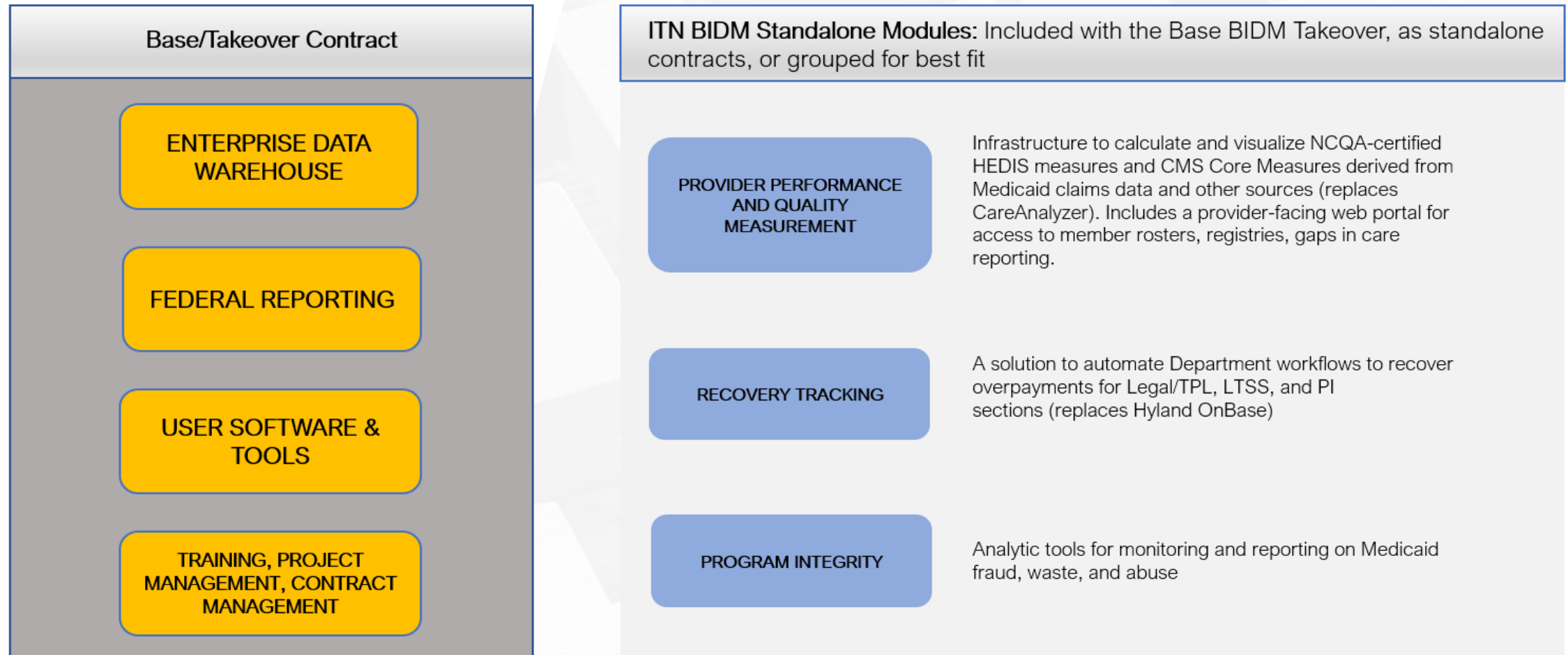
- Enterprise Data Warehouse
- 37+ inbound / 52+ outbound data interfaces
- Federally mandated Medicaid reporting (CMS-64, CMS-21, T-MSIS)
- 100s of Cognos reports for Business Users
- 100+ SQL schemas for Power Users
- Colorado Data Analytics Portal for Regional Accountable Entities (RAEs), Primary Care Medical Providers (PCMPs) with 800+ registered users
- Secure File Transfer Protocol (SFTP) environment for automated and ad-hoc data exchanges
- Desktop and online reporting software and tools
- Payment recovery tracking / CRM
- Staffing to support automated and ad-hoc reporting requests

BIDM Procurement Objectives

- Implementation of new solutions to meet the needs of the Standalone Modules: Provider Performance and Quality Measurement, Recovery Tracking and Program Integrity.
- A seamless transition of the Department's data analysis and reporting functionality, with minimal impact or disruption to existing Department operations.
- The solicitation and transition of the BIDM system is anticipated to be complete by June 30, 2025.

BIDM ITN Structure

BIDM Reprocurement Modular Solicitation Approach



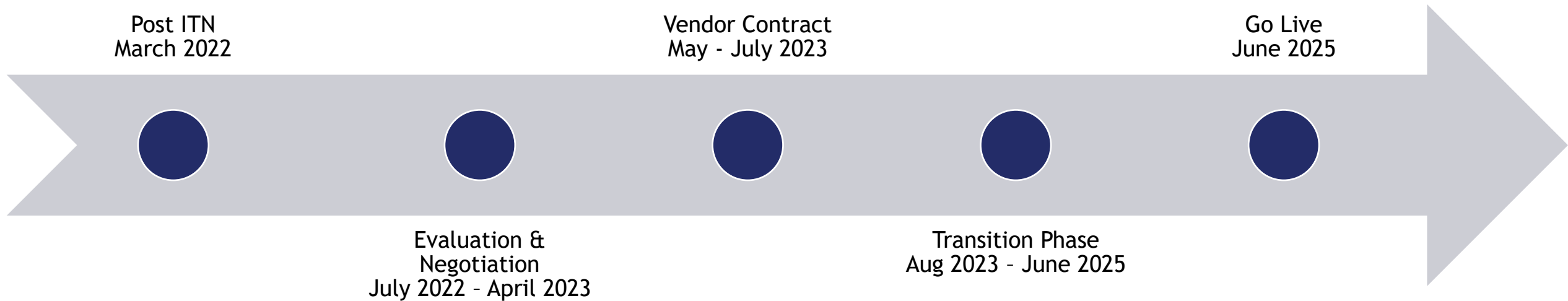
BIDM ITN Structure

- The Department may award separate contracts for each module or award multiple modules to a single Offeror based on evaluation results.
- Any Offeror responding to the Base Takeover contract must include all four modules included in the Base Takeover section in their bid. New solutions for the Base Takeover section are not desired and will not be considered.
- New solutions for the Standalone modules are desired and will be explored during the evaluation and negotiation phase.

BIDM Desired Partners

- For the Base Takeover contract, the Department desires Contractors with experience providing Business Intelligence, Analytics, Enterprise Data Warehouse (EDW) and/or Decision Support System (DSS) implementation and operations activities for a claims/encounters processing system or health care DSS of similar size and scope to the Colorado Medical Assistance program.
- For the Standalone modules the Department desires new solutions to address the current challenges and business needs. Vendors responding to the standalone modules may propose a solution for one module or multiple modules.
- Contractors are expected to work cooperatively with the Department's MIDA vendor, all other Contractors and Stakeholders, and offer timely support to integrate solutions within the State's MES.
- The Department desires all Contractors to hold extensive and demonstrable Medicaid & CHIP+ experience.

BIDM Procurement



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Pharmacy Benefit Management System (PBMS)

Presenter: Tom Leahey, Pharmacy Office Director
Department Of Health Care Policy & Financing

PBMS Overview

The current Pharmacy Benefit Management System (PBMS) provides the following core services:

- Adjudicates outpatient pharmacy claims for the fee-for-service Medicaid program.
- Supports the processing of pharmacy prior authorization requests.
- Manages the invoicing and collection of federal and supplemental drug rebates.
- Interfaces with the MMIS to support provider payments and reporting services.

The current PBMS vendor also provides services to support pharmacy operations including:

- A call center which assists pharmacies and prescribers.
- Clinical resources and reporting in support of our Preferred Drug List and Drug Utilization Review programs.

The Department supports a suite of services accessible to Medicaid providers via their EHR systems. Those services, which we have branded as the Prescriber Tool, include:

- Electronic Prescribing (eRx)
- Real-time Benefit Inquiry (RTBI)
- Electronic prior authorization requests (ePA)
- Opioid risk module which provides decision support and medication monitoring capabilities

PBMS Solicitation Overview

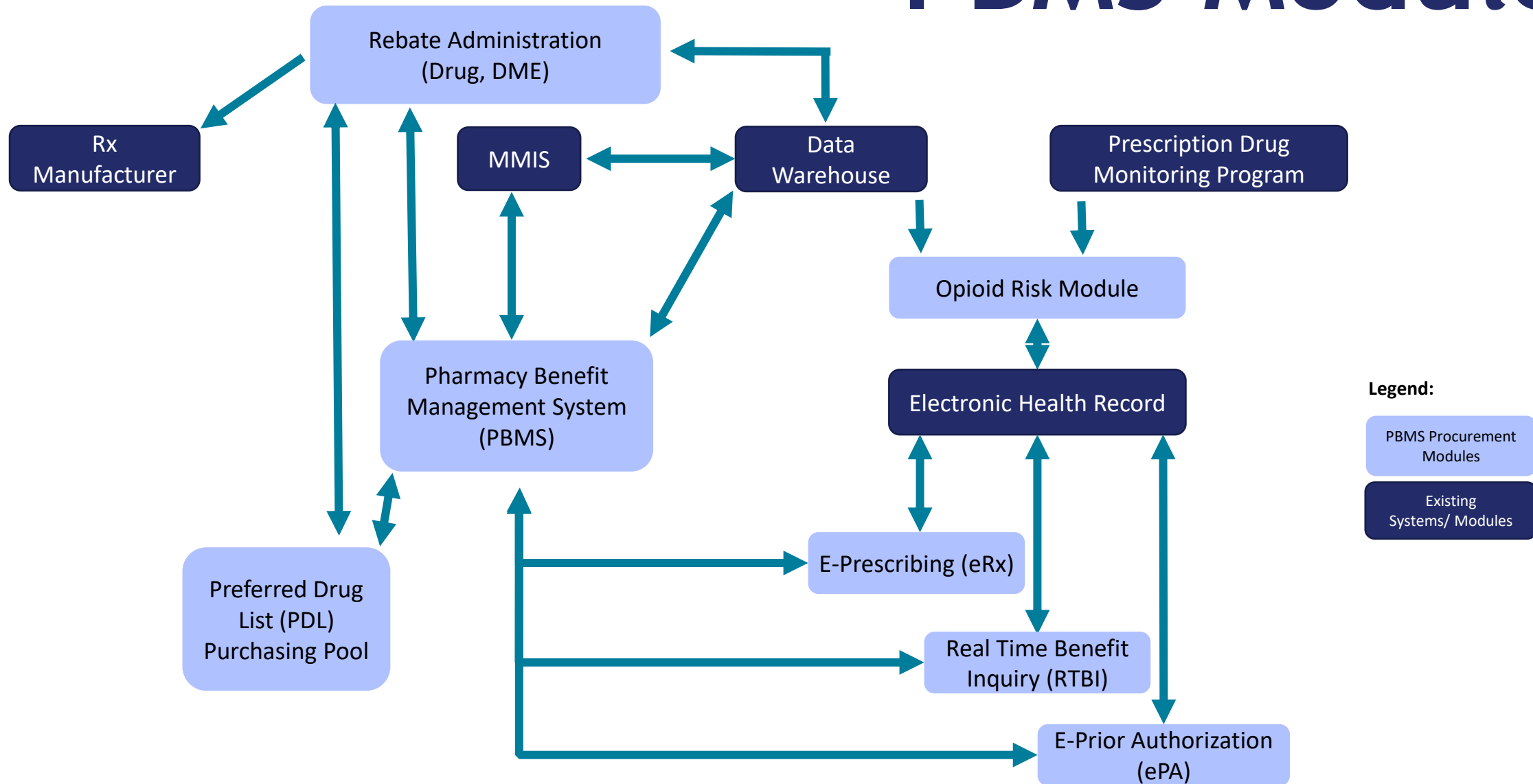
The aforementioned PBMS services are being divided into modules for procurement purposes. The modules include:

- Core Pharmacy Benefit Management System (PBMS)
- Rebate Administration (Drug and Durable Medical Equipment)
- Preferred Drug List (PDL) Purchasing Pool
- Real Time Benefit Inquiry (RTBI)
- Electronic Prior Authorization Requests (ePA)
- Electronic Prescribing (eRx)
- Opioid Risk Module

*The Department may award separate contracts for each module or award multiple modules to a single Offeror based on the evaluation results.

*The solicitation and transition of the PBMS system is anticipated to be complete by July 2024.

PBMS Modules



PBMS Objectives

- A seamless transition from the PBMS current operations and functionality, with no impacts or disruptions to existing Department operations, reporting, tools or system functionality.
- Implementation of solutions which meet the Department's requirements for each module of the PBMS solicitation.
- Promotion of state of the art, modular and scalable solutions which meet CMS standards.

PBMS Desired Partners

- For the core PBMS, the Department desires Contractors with experience providing Pharmacy Benefit Management System implementation and operations activities for a claim processing system. Experience can include commercial systems or a conventional MMIS.
- For the modules which providers access via EHR systems, the Department desires Contractors with experience providing the applicable functionalities.
- Contractors are expected to work cooperatively with the Department's MIDA vendor, all other Contractors and Stakeholders, and offer timely support to integrate solutions within the State's MES.

PBMS Procurement





Medicaid Management Information System (MMIS)



Presenters: Nathan Culkin, Systems Director
Scott Lindblom, Fiscal Agent Operations (FAO) Division Director
Department Of Health Care Policy & Financing



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MMIS Overview

- Project for the procurement and implementation of the Medicaid Management Information System (MMIS), also known as the Colorado interChange.
- The core MMIS is NOT being replaced. The ITN seeks a vendor(s) that can take over management of, and incorporate improvements to, the existing system.

MMIS Desired Partners

- The Department is seeking a contractor with experience in systems takeover and operating a claims processing system
- The Department is seeking a contractor with Medicaid industry experience through participation in industry workgroups, demonstrations, and publications with an understanding of Federal authorizing and funding environment, and experience with state Medicaid program support, and experience working with State Medicaid program and systems similar to Colorado

MMIS System Objectives

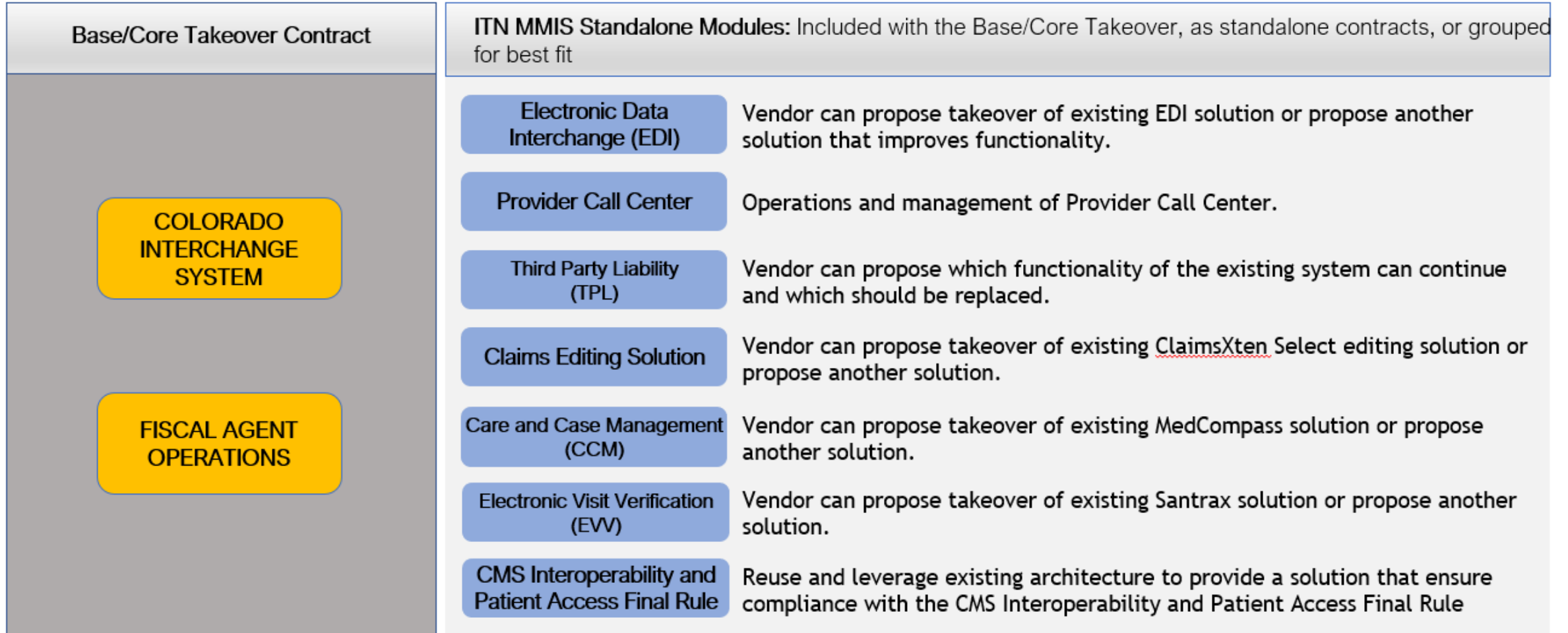
- A seamless transition of the Base Takeover contract's current operations and functionality, with no impacts or disruptions to existing Department operations, reporting or system functionality.
- Implementation of new solutions to meet the needs of the Department for the following Standalone Modules: EDI, TPL, and other COTS



MMIS System Objectives

- Streamline MMIS Configurations & Reprocessing of Claims
 - Need a dedicated team for configurations and reprocessing of claims in the next contract.
 - Total Configuration Rule Sheets: 515
 - Only 375 Configuration Rule Sheets are active
 - Current Configuration Rule Sheets
 - Benefit Plan: 30 active rule sheets
 - Assignment Plan: 26 rule sheets, 19 active
 - Provider Contract: 27 rule sheets, 23 active
 - Reimbursements: 27 rule sheets, 23 active
 - Copay: 1 active rule sheet
 - Other Insurance: 30 rule sheets, 17 active
 - Form Edits: 144 rule sheets, 33 active
 - Audits: 209 active rule sheets
 - System Decisions: 20 rule sheets, 19 active
 - Contract Assignment: 1 active rule sheet
- Reported Hours Exhausted for 2021 calendar year
 - 17,800.1 Hours for Configuration Changes (Monthly Highest 1,813.65 : Lowest 1,305.25)
 - 1,167.5 Hours for Reprocessing of Claims (Monthly Highest 346 : Lowest zero)

MMIS ITN Structure

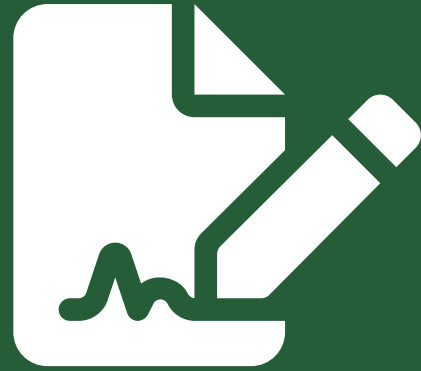


MMIS Operations Objectives

- A seamless transition of the Fiscal Agent contract's operations, with no impacts or disruptions to existing Providers and Department operations.
- Improve operational functionality related to the following areas:
 - Operational workflows for business operations support of provider and claims functions that are handled by the fiscal agent.
 - Improved access to current and reliable information and documentation across all functional areas.
 - Robust transmittal tool and process workflow for tracking operational activities performed by the fiscal agent.
 - New operations module for the Provider Call Center, incorporating cutting edge technology, outstanding customer service, and robust reporting tools.

MMIS Procurement





Procurement Guidelines & ITN Resources



Presenter: Challon Winer, Procurement Director
Department Of Health Care Policy & Financing

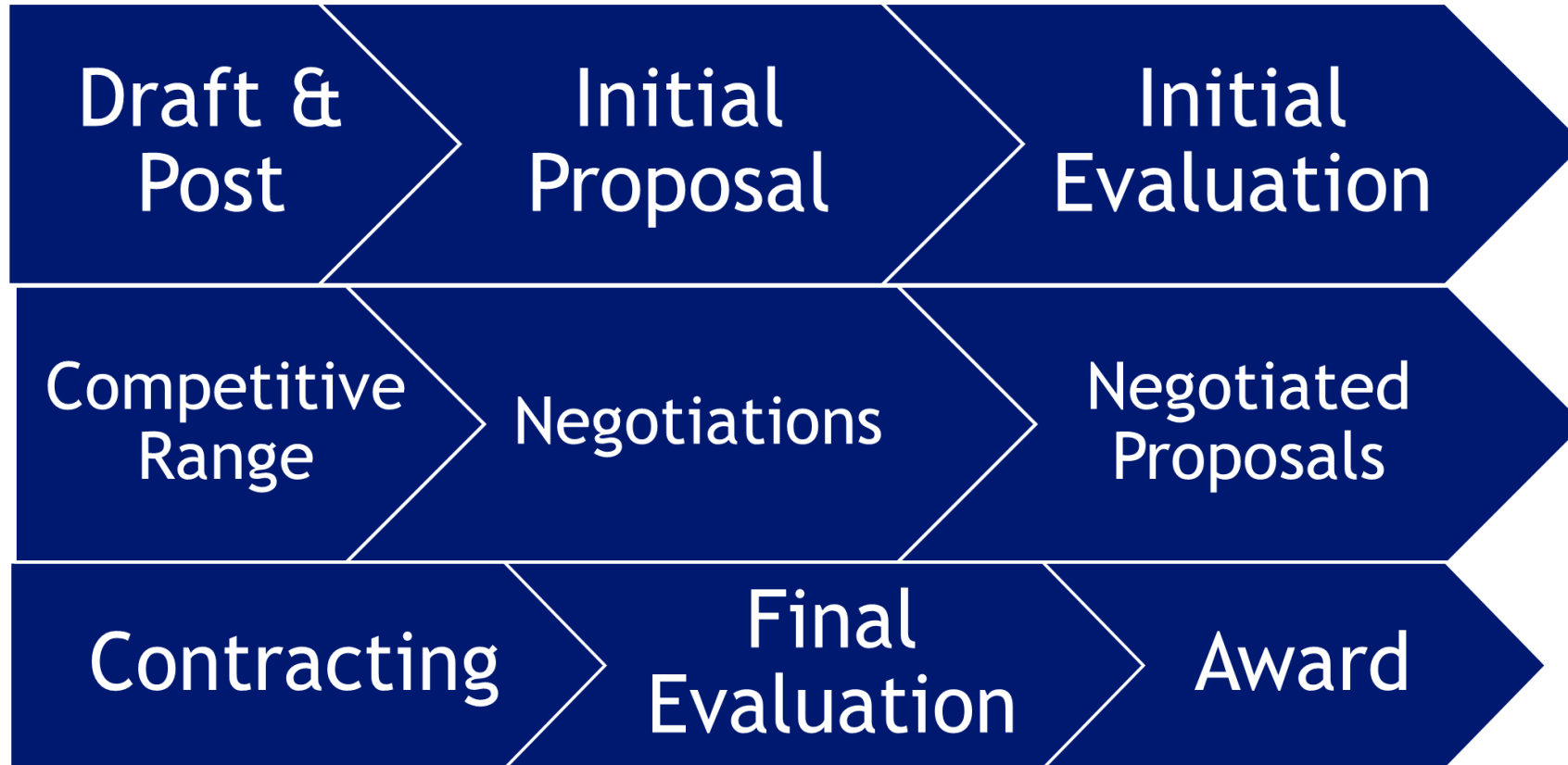
Procurement Guidelines

- Each of the MES solicitations will be conducted through the Invitation to Negotiate (ITN) or by a traditional Request for Proposal (RFP) process.
- While RFPs are still used and applicable for some services, ITNs allow the Department flexibility for best-in-breed systems.

What is an ITN?

- A solicitation method that:
 - Presents the problems faced, and the high-level objectives of, the Department;
 - Seeks solutions to these problems and objectives; and
 - Allows for the parties to substantively negotiate the requirements of the proposed solutions prior to award.

Lifecycle of an ITN



Procurement Guidelines

- The Department will release ITNs for each system or module
- Each ITN will allow for multiple awards of different systems or modules to different vendors
- Vendors will be able to submit responses for some or all the systems or modules - specialists can focus just on their system or module
- Awards will be based on which solutions create the best value and best serves the needs of the State for both each system or module as well as the MES enterprise as a whole

Additional Resources

- [Medicaid Enterprise Solutions \(MES\) Procurement](#)
- [ITN P&C Overview](#)
- [MESC P&C Agile Procurement Video](#)
- For more information about the Invitation to Negotiate process for vendors, refer to [the ITN Presentation](#).

Closing Remarks



Presenter: Parrish Steinbrecher, Health Information Office Director
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Stay Connected

Please send comments, feedback and questions to:
HCPF_MESProcurement@state.co.us

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Thank you!