Department of Human Services
Oregon Health Authority

2017 Joint Committee on Legislative Information Management and Technology
April 20, 2017

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Presentation Topics

- Office of Information Services - Overview
- 2015-2017 Completed IT Projects
- Medicaid Management Information System (MMIS)
- Roadmap to Integrated Eligibility for Oregon
  - MAGI Medicaid Eligibility Determination System (ONE)
  - ONE Integrated Eligibility & Medicaid Eligibility Project
- Current IT Projects
- What‘s Next?
The Office of Information Services supports all DHS and OHA programs, and central/shared services

- DHS Self-Sufficiency Programs (SSP)
- DHS Aging and People with Disabilities (APD)
- DHS Office of Developmental Disability Services (ODDS)
- DHS Child Welfare (CW)
- DHS Vocational Rehabilitation (VR)

OHA/DHS Central and Shared Services

- OHA Public Health / Public Health Lab (PH)
- OHA Oregon State Hospital (OSH)
- OHA Health Services Division (Medicaid)
- OHA Health Policy and Analytics

OIS Vision: Preferred partner devoted to advancing the best technology services
OIS staff support:

- 12,000+ agency staff for all of their technology needs, plus partners such as Area Agencies on Aging (AAA) offices and County Developmental Disability Program (CDDP) offices for use of our applications
- 162 agency locations in every county of the state, for desktop, network, wireless, teleconferencing and cell phone support
- 250+ applications related to eligibility, enrollment, benefit issuance, licensing, protective services, public health, case management, hospital management, provider payments and many more health and human services needs
- 300+ technology tools and support applications such as the Service Desk ticket tracking tool, and the tools used for remote access to our systems
- 23,000+ technology devices (desktops, laptops, tablets, cell phones, printers)
OIS provides:

- Service desk and on-site technical support for all DHS/OHA staff
- IT purchasing and asset management
- Federal Advanced Planning Document funding requests and reporting
- Business case development and solution selection
- Project Management for major application / infrastructure enhancements and new applications
- Contract administration and vendor performance management for vendor managed technology solutions
- Application development, enhancements, and maintenance & operations for existing “legacy” systems
- Information security and privacy program management, education & awareness, risk and vulnerability management, e-Discovery
We work closely with the Office of the State CIO

- We participated in the creation of the Healthy People Policy Area Information Resource Management (IRM) Plan
- We utilize the State Data Center for our server, storage and networking needs
- We participate in the State’s Stage Gate process for our largest projects
- We are partnering with the Enterprise Security Office on Oregon’s move towards unification of cybersecurity
OIS 2017-2019 Governor’s Budget (GB)

$163.1 million

- **Personal Services**
  - $126,156,711
  - 77%

- **Software Maintenance & Printing Services**
  - $11,243,382
  - 7%

- **Other S&S**
  - $12,878,606
  - 8%

- **IT Professional Services**
  - $12,803,871
  - 8%
  - IT Consulting
  - Technical Training

Budget does not include DAS ETS Charges (Budgeted in Central Assessment) or Agency IT Projects (Budgeted in Program Budgets for both DHS and OHA)

502.51 FTE / 506 positions

DHS
Oregon Department of Human Services

OIS Vision: Preferred partner devoted to advancing the best technology services
We’ve made many improvements in the way we deliver IT services...

We’ve implemented a **Performance Management System** to define the work we do

We’ve adopted the use of a **Scorecard** to set improvement targets and measure progress

We’ve implemented a **Governance Framework** to guide prioritization and IT investment decisions

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**Outcomes:**

- **Average resolution time** for Service Desk tickets has **dropped from 7 days to 2.8 days**
- **Percent of Service Desk tickets resolved on first contact** has increased from 42% to 64%
- **Percent of program areas with active, Governance committees** has increased from 13% to 60%

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OIS Vision: Preferred partner devoted to advancing the best technology services
We’ve made many improvements in the way we deliver IT services…

We’ve implemented a **standard Project Management Methodology**, standards for project reporting, and a dashboard for sharing scope/budget/schedule status.

We’ve implemented **Change Management and Incident Management** processes to ensure quality deployments and appropriate response to incidents.

We’ve introduced a **standard process for application development**, and we’ve created **Capacity Models** to communicate allocation of resources for maintenance & operations.

**Outcomes:**

- Successfully completed 14 major projects (>$1 Million) in 2015-2017
- Number of deployments / changes that went through a Change Advisory Board increased from 577 in 2015 to 1390 in 2016
- Critical applications have maintained uptime of 99.9% for over 12 months
We’ve made many improvements in the way we deliver IT services...

We are **streamlining processes**, gaining efficiencies and building continuous improvement into our culture

We’ve created an **Audit and Risk Management program** focused on resolving audit findings

We’ve implemented **new training modules for Security and Privacy education and awareness**

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**Outcomes:**

- The number of steps in the process to onboard an OSH employee has dropped by 56%
- We resolved over 276 open audit findings in 2016
- Completion of Security & Privacy Awareness training reached 97% across both agencies in 2016. Up from 92% in 2014.
2015 - 2017 Completed Projects

Completed Project Portfolio Total (major projects) = $125M

1. Home Visiting Data System Proof of Concept
   Created proof of concept for childhood home visiting programs. Phase 2 for rollout now underway (THEO)

2. Medical Marijuana Expansion
   Created new, legislatively mandated functionality for intake, storage, tracking, auditing and reporting of medical marijuana growers, producers and patients

3. Women Infant and Children (WIC) Electronic Benefit Transfer (EBT)
   Replaced WIC paper vouchers with Electronic Benefit Transfer system for the distribution of WIC food benefits

✓ Confirmed business vision/approach for new application
✓ Improved business functionality
✓ Legislative Mandate
✓ Delivered on time, within very tight timelines
✓ Improved business functionality/ productivity
2015 - 2017 Completed Projects (cont’d)

4. Behavioral Health Integration - Medication Management / Disaster Recovery
   Completed implementation of Oregon State Hospital electronic health record system. Final components included a medication management system and high availability disaster recovery capabilities.

5. Community Outcomes Management System (COMPASS)
   Replaced Addiction and Mental Health client data systems with new system.

6. Learning Center to iLearn Migration
   Moved from legacy learning center system to DAS iLearn enterprise application, which saves on licensing costs and gives users additional functionality and access to all statewide courses.

7. Windows 7
   Migration from Windows XP to Windows 7.
Oregon’s Medicaid Management Information System (MMIS)

Wayne Haddad, OHA Business Information Systems Director
The Oregon MMIS pays health care providers for services they render to individuals who qualify for Medicaid. Eligibility source systems send Medicaid eligibility information to MMIS which assigns a benefit plan, enrolls clients in Coordinated Care Organizations (CCOs), and makes payments to CCOs and providers.

- During 2016, MMIS processed over $6.7 billion in payments, including $4.9 billion to CCOs as capitated payments.
- We conducted listening sessions during 2015-2016 with CCOs and Providers – all concerns that surfaced have been addressed.
- We held recent meetings with CCOs and confirmed no major outstanding technical issues with MMIS.
2015-2017 Completed MMIS Projects

1. MMIS T-MSIS Medicaid Statistical Reporting (closing)
   Modified Oregon’s Medicaid statistics collection and reporting systems to comply with new federal regulations, resulting in more timely and accurate reporting of Medicaid and Children’s Health Insurance Program data

2. MMIS Medicaid Electronic Document Mgmt System (closing)
   Migrated from legacy Electronic Document Management System (EDMS) to the OHA/DHS standard EDMS, resulting in improved system stability and support capabilities

3. MMIS ICD-10 Conversion
   Updated MMIS from the medical classification code set ICD-9 to the new industry standard ICD-10, resulting in compliance with the latest HIPAA provisions and providing more detailed data such as patient diagnosis and procedure data for better healthcare analysis and leading to better patient outcomes

- Met Federal Mandate
- Improved business functionality
- Moved to enterprise application
- Sunset of legacy application
- Delivered under budget
- Met Federal Mandate
- Improved business functionality
4. MMIS Infrastructure Refresh

*Replaced eight-year old MMIS hardware infrastructure and operating system, resulting in a modern infrastructure, improved security and better system performance*

5. MMIS Disaster Recovery (D/R)

*Implemented MMIS D/R plan to meet MMIS certification criteria and to ensure appropriate recovery of system and data, in the event of a system interruption*

6. MMIS 5010

*Updated MMIS to meet electronic data interchange standards compliant with HIPAA standards, resulting in operational efficiencies and improved security*
Roadmap to Integrated Eligibility for Oregon

ONE Integrated Eligibility & Medicaid Eligibility Project

Eric Smith, IE & ME Independent Project Director
Kristen Duus, DHS/OHA Chief Information Officer
Nate Singer, DHS APD Deputy Operations Director
Wayne Haddad, OHA Business Information Systems Director

DHS
Oregon Department of Human Services

OHA
Oregon Health Authority
The ONE system Worker Portal was implemented, as planned, in December 2015 to determine eligibility for MAGI Medicaid clients

• In 2016, ONE processed over 628,000 Medicaid determinations
• ONE provides automated lookups to 17 external services and systems, thereby reducing manual verifications and improving eligibility and data accuracy
• ONE is continuing to be enhanced to bring new features, functions and efficiencies for users

Challenges

• Due to urgent need to replace the old Cover Oregon system, ONE was implemented with base functionality, resulting in known manual work-arounds

• Due to data integrity issues, data was not converted from the old Cover Oregon system, resulting in the need for applications for existing clients to be manually entered during the first year, at redetermination
The History

2013-2014

- Oct 2013: Cover Oregon system; state based exchange
- Nov 2014: Oregon moved to the federal exchange

2015

- Jan 2015: MAGI Medicaid Project (ONE) initiated
- Jul 2015: A87 Cost Allocation Exception extended to 12/31/2018
- Jul 2015: IE&ME planning began
- Dec 2015: ONE Worker Portal implemented

2016

- ONE ongoing enhancements
- Feb 2016: Cover Oregon system decommissioned
- Feb 2016 / Oct 2016: Applicant Portal implemented
- Sep 2016: IE&ME Fit Gap completed

2017

- ONE ongoing enhancements
- IE&ME design / development
- OHA transfers MAGI Medicaid operations to DHS
Oregon’s Vision for Integrated Eligibility

Eligibility Determinations for multiple programs (MAGI and non-MAGI Medicaid, SNAP, TANF and Childcare programs), will be done through one system.

- Improved & simplified access for Oregonians
- Operating efficiencies, effectiveness and accuracy
Challenges Leading Up To November 2016

• OHA
  – Implementation of the ONE system for MAGI Medicaid
  – Focused on adoption and maturation of the ONE system
    • Base system functionality was implemented
    • ONE needed many enhancements
    • Significant manual workarounds necessary
  – Eligibility determinations and backlog management

• DHS
  – Large, complex project
  – Underestimated need for OHA resources
  – Looming end to A87 Cost Allocation Exception
Actions taken by DHS and OHA to move forward

- Began collaborative problem solving meetings
- Engaged the Coraggio Group to facilitate key decisions
- Received joint direction from both Agency Directors
- MOU created between the two agencies and OSCIO
  - Defines governance structure for the IE&ME project
  - Eligibility functions transitioning from OHA to DHS to meet the Oregon vision and align closer to transfer solution
Has the Scope changed?

• The technical solution scope has not changed. BUT, the complexity has increased with what we’ve learned in Fit Gap and Design
• The project will have oversight of the move to a new integrated service model (move of Medicaid determinations for the MAGI population from OHA to DHS)

What we’ve learned through Fit Gap and Design

□ Impact to legacy systems greater magnitude and complexity than previously thought
□ Legacy system changes beyond capacity of OIS to do internally
□ Disaster Recovery too big to be handled as a Maintenance and Operations activity
□ Data conversion from four separate legacy systems is going to be very complex
Why has the Schedule been extended?

- We’re now through Fit Gap (and almost through Design), and we know a lot more about what it will take to implement this in Oregon.
- We’ve talked to over 20 other states about their implementations, and have adjusted our timelines to what they said they would do differently.
- Oregon’s rules and policies around non-MAGI, ERDC, TANF and SNAP are requiring more customization to the transfer system than anticipated.
- We’ve recognized (through OHA’s adoption of ONE) that we need to give more time to the business process and organizational change needed for adoption of a large, complex system.
- Data conversion (or not to convert) will require more manual intervention than we originally anticipated.
- We’re moving to an integrated service model now, rather than later.

**Timeline:**
- Development Begins: April 2017
- System Integration Testing Begins: September 2017
- User Acceptance Testing Begins: April 2018
- Pilot Begins: August 2018
- Statewide Rollout Begins: February 2019
- Statewide Rollout Complete: June 30, 2019

**OIS Vision:** Preferred partner devoted to advancing the best technology services.
## How much more is this going to Cost?

<table>
<thead>
<tr>
<th>Stage Gate 2</th>
<th>Stage Gate 3</th>
<th>Current Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Funds: $126.1 million</td>
<td>Total Funds: $177 million</td>
<td>Total Funds: $240.2 million</td>
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<tr>
<td>Federal Funds: $107.1 million</td>
<td>Federal Funds: $144 million</td>
<td>Federal Funds: $187.2 million</td>
</tr>
<tr>
<td>State Funds: $19 million</td>
<td>State Bonds: $25 million</td>
<td>State Bonds: $50 million</td>
</tr>
<tr>
<td>General Funds: $8 million</td>
<td>General Funds: $3 million</td>
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</tbody>
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### Changes between Stage Gate 2 and 3
- Additional costs negotiated with System Integrator and Quality Assurance vendors
- Additional costs associated with staffing, legacy, and training
- Additional costs associated with assumed costs for Maintenance and Operations

### Changes between Stage Gate 3 and Current Projections
- See list of differences in 2017-2019 POP on next slide
# What will the “ask” be in POP 201?

<table>
<thead>
<tr>
<th>Original POP Request</th>
<th>Current POP Request</th>
<th>Difference</th>
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</thead>
<tbody>
<tr>
<td>Total Funds: $142.7 million</td>
<td>Total Funds: $206 million</td>
<td>Total Funds: $63.3 million</td>
</tr>
<tr>
<td>Federal Funds: $101.8 million</td>
<td>Federal Funds: $147.5 million</td>
<td>Federal Funds: $45.7 million</td>
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<tr>
<td>State Bonds: $18.2 million</td>
<td>State Bonds: $45.6 million</td>
<td>State Bonds: $27.4 million</td>
</tr>
<tr>
<td>General Funds: $7.6 million</td>
<td>General Funds: $2.3 million</td>
<td>General Funds: ($5.3) million</td>
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<tr>
<td>Other Fund Limitation: $10.75 million</td>
<td>Other Fund Limitation: Need</td>
<td>Other Fund Limitation: Need</td>
</tr>
<tr>
<td>Debt Services: $4.35 million</td>
<td>Debt Services: $10.5 million</td>
<td>Debt Services: $6.15 million</td>
</tr>
</tbody>
</table>

Changes between Original POP Request and Current POP Request
- Additional six months of Design/Development/Implementation (DDI) timeframe versus maintenance and operation costs
- Adding 10% contingency to the project
- Adding Department cost allocation to the project
- Increased staffing based on increased understanding and underestimation around implementation
- Increased staffing based on increased understanding and underestimation around Legacy work
- Increased staffing based on additional complexity around Disaster Recovery work
- Shift in Federal Funds to State Funds due to work going beyond the A-87 exception deadline (Dec 31, 2018)
What will the Challenges be going forward?

- Data conversion complexity
- Moving to integrated service delivery model
- People readiness / system adoption
- Finite number of Subject Matter Experts (SMEs)
- Same SMEs are needed in multiple places within IE/ME and for other agency priorities
- Rollout will require running parallel systems for several months
- Organization’s capacity to handle a major project given everything else on the plate, budget cuts and impacts of PERS reform
- Unknown changes coming from State and Federal legislation
- Project Management Office’s ability to keep up with management of the project and with oversight requests
Go Forward Approach

Notes:
1. The 5/8 date for the ONE IE & ME Project to update the Ways & Means/Human Services Committee on its “Go-forward Plan” is an approximate date (Actual date TBD).

Key milestones:
- Red: Key legislative activities & dates
- Blue: Key system integrator dates

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Office of Information Services

Kristen Duus, OHA/DHS Chief Information Officer
Current Projects

Current Project Portfolio Total (major projects) = $270M

1. **ONE Enhancements** (Execution)
   
   *Enhance the ONE MAGI Eligibility System to add business functionality, reduce workarounds and improve efficiencies of operations*

2. **OHA Tracking Home visiting Effectiveness in Oregon** (Planning)
   
   *Provide a standardized data collection, case management and reporting system for use by several child home visiting programs. Will create efficiencies, reduce duplicate data entry, improve data analytic capabilities and allow for the retirement of several antiquated data collection tools.*

3. **OHA HIV Electronic (CAREAssist)** (Initiation)
   
   *Replace existing eligibility management and tracking application for the AIDS drug assistance program which will provide improved system performance, new functionality and added reporting capabilities.*
Current Projects

4. DHS Centralized Abuse Management (Planning)
   *Implement a centralized system for tracking abuse allegations and incidents*

5. DHS Provider Time Capture (Planning)
   *Implement a time capture system for Home Care and Personal Care workers*

6. OHA WIC Information System Tracker to Web (Concept)
   *Replace current Women, Infants and Children (WIC) application*

7. OHA Office of Health IT projects (Planning)
   *Implementation of three linked Health Information Technology solutions: Provider Directory, Common Credentialing and Clinical Quality Metrics Registry*
Current Projects

8. MMIS Social Security Number (SSN) Removal Initiative (Concept)
   Removal of SSN from Medicare cards and transition to new Medicare Beneficiary Identifier

9. MMIS Infrastructure Enhancements (Execution)
   Upgrades additional MMIS infrastructure

10. MMIS Integrated Development and Testing Environments (Execution)
    Provides four MMIS non-production environments to support the Integrated ONE project
What’s next?

Refine the IT Strategy and document future roadmap, aligned to the agency’s IT Strategic Plan and the Healthy People IRM plan.

Create a plan and roadmap for technology and application simplification, to ensure we are looking at things through an enterprise lens and appropriately considering when to reuse what we have.

Mature our intake and governance processes to ensure we are working on the right things at the right time, in support of both agencies priorities.
What’s next?

Upgrade bandwidth and expand wireless capabilities to offices across the state to support mobile capabilities and increasing demands.

Invest in infrastructure and maintenance & operations of our current applications to ensure continued stability and security of our systems.

Improve vendor management practices to ensure we get the most value out of our partnership with vendors providing IT solutions and services.
What’s next?

Continue to strengthen our security posture; identify and remediate risks to our applications and data, in partnership with the State Enterprise Security Office.

Continue Disaster Recovery planning, testing and table top exercises to ensure we have a recovery plan for our mission critical systems that aligns with the agency’s Business Continuity plans.

Create a long term plan for workforce development. We need to have a way to ramp up and ramp down to meet staffing needs, and we need to invest in our staff to ensure we have the right skillsets for the future.
2017-19 Policy Option Packages

1. DHS Centralized Abuse Management (CAM) (POP 102)
   Implementation of an integrated solution for tracking, reporting and supporting investigations of adult abuse ($4.3M)

2. DHS/OHA Integrated Medicaid Eligibility (Integrated ONE) (POP 201)
   Continuation of the Integrated / Medicaid Eligibility Project to include eligibility determination for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) into ONE. (includes M&O)

3. Enhancement and Support Services for ONE (POP 406)
   Funds enhancements to Oregon’s Modified Adjusted Gross Income (MAGI) Medicaid eligibility determination system (ONE) ($12.8M)

4. MMIS Modularization (POP 405)
   Supports the planning work needed to define Oregon’s Medicaid service delivery plan and identify options for modular solutions for Medicaid systems ($5.6M)
Thank you

Questions?

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