

State of West Virginia
Bureau for Medical Services



**WV Medicaid Health Information Technology (HIT)
Planning-Advance Planning Document (P-APD)**

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Nancy V. Atkins, Bureau Project Sponsor

Nancy.V.Atkins@wv.gov

Edward Dolly, WV Medicaid HIT Contact

Ed.L.Dolly@wv.gov

Bureau for Medical Services
Office of MMIS Operations & IT Support
350 Capitol Street
Charleston, WV 25301-3709



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1.0 Statement of Need and Objectives

This section of the WV Medicaid HIT P-APD document describes the purpose and objectives of the WV Medicaid HIT Planning Project.

1.1 Statement of Purpose

The West Virginia Department of Health and Human Resources (DHHR, Department), Bureau for Medical Services (BMS, Bureau) is submitting this WV Medicaid Health Information Technology (HIT) Planning-Advance Planning Document (P-APD) to create a State Medicaid HIT Plan (SMHP). The SMHP will serve as the strategic plan and Medicaid HIT Road Map for moving the WV Medicaid enterprise from the current “As-Is” HIT Landscape to the desired “To-Be” HIT Landscape over the next 5 years.

The implementation and meaningful use of certified Electronic Health Records (EHR) by the provider community in WV is central to achieving Medicaid’s HIT vision. The SMHP will provide an overview and detailed design of the provider incentive program WV will implement to achieve EHR adoption throughout the State.

1.2 Interrelationships with Current HIT Initiatives and the MMIS

In September 2009, the State of West Virginia issued the West Virginia Health Information Technology Statewide Strategic Plan (Statewide HIT Plan). This strategic plan sets forth a vision for the State of West Virginia relative to health information technology. The plan was developed by a workgroup of stakeholders from the health care system. The plan was circulated in draft for wide comment and with the intention of incorporating feedback into a final plan.

Representatives from the Bureau for Medical Services participated in the development of the Statewide HIT Plan. As the entity within the West Virginia Department of Health and Human Resources (DHHR) responsible for establishing the overall strategic direction and priorities for the West Virginia Medicaid Program, the Bureau for Medical Services will write the “Medicaid Chapter” of the Statewide HIT Plan that describes how the vision will be made a reality for citizens who are or may be covered by Medicaid.

1.2.1 Interrelationships with Current HIT Initiatives

As part of the P-APD development process, the Bureau conducted a survey to identify current HIT initiatives being conducted within the State. The survey identified 85 HIT initiatives, existing or planned. The following health information technologies are planned, being implemented or are in use in West Virginia:

- Clinical information systems
- Registry reporting systems
- Commercial insurance eligibility systems
- Patient security and authorization systems
- Electronic Health Records



- Decision support systems
- Case management systems
- Networking capabilities between systems, providers and constituents.

The information gathered about these initiatives will be used as the starting point for the more in-depth HIT Landscape Assessment to be conducted as part of the upcoming State Medicaid HIT Planning development effort.

1.2.2 Interrelationships with the MMIS

The Bureau for Medical Services completed its MITA State Self-Assessment in 2009. During that effort, several technology initiatives were identified as necessary to meet the Bureau's strategic goals and objectives and desired business capabilities. The Bureau is planning to procure a replacement MMIS and a Data Warehouse (DW)/Decision Support System (DSS) within the next year. Two separate Advance Planning Documents have been submitted to request funds for those efforts.

As part of the SMHP effort, the Bureau intends to evaluate health information technologies that could complement the functionality within the traditional MMIS, increase the use of evidence-based clinical services, and enhance the quality of care provided to members. However, these activities are entirely exclusive of those contained in either the MMIS Re-procurement APD or the DW/DSS APD previously submitted.

1.3 HIT Workgroups and Collaborative Efforts in West Virginia

Three groups will be involved in the development of the WV Medicaid HIT Plan: the Bureau's WV Medicaid HIT Planning Core Team, the WV HIT Collaborative, and the WV Medicaid HIT Planning Workgroup (Workgroup).

The Bureau will sponsor the WV HIT Collaborative to provide a forum for the discussion of common HIT issues state-wide. Topics of common interest for discussion include but may not be limited to:

- Benefits and barriers to provider implementation and meaningful use of EHR;
- Strategies to expand broadband to underserved areas of West Virginia; and
- Potential use of personal health care records to improve health outcomes.



1.4 Opportunities for Economy or Efficiency

The Bureau for Medical Services is engaging stakeholders representing HIT initiatives and workgroups throughout the State in the development of the WV Medicaid HIT Plan. Representatives of HIT initiatives have been asked to participate in the WV Medicaid HIT Planning Workgroup to:

- Reduce redundant HIT efforts;
- Maximize and make best use of resources and funding;
- Promote clear and consistent communication of a State HIT vision; and
- Avoid multiple sets of potentially inconsistent requirements for providers, payers, and/or members.

The WV Medicaid HIT Core Team conducted a survey to gather information about State HIT initiatives. The following entities responded and were invited to participate in the WV Medicaid HIT Planning Workgroup:

- Public Employees Insurance Association
- Bureau of Public Health
- Insurance Commission
- Department of Commerce (Broadband initiative)
- State Children's Health Insurance Program
- WV Health Information Network
- Community Health Network
- Healthcare Authority
- Bureau for Children & Families
- Regional Health IT Extension Centers (RHITEC)
- DHHR Office of the Secretary

The following organizations declined to participate in the Medicaid HIT survey but are represented in the WV Medicaid HIT Planning Workgroup:

- Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP)
- Bureau for Behavioral Health and Health Facilities (BHBF)
- Tele-Health Alliance
- WV Health Improvement Institute

Workgroup members will act as advisors and be asked to share their expertise, experience and lessons learned to benefit the Medicaid HIT planning effort. Opportunities for economy and efficiency will be explored. Topics to be discussed in this Workgroup include, but are not limited to:

- Medicaid's alignment with internal/external HIT/HIE efforts.
- Initiatives related to interoperability, data exchanges and system interfaces.
- Planning for provider education, outreach, training and conferences including provider surveys.



- Provider support and call center needs.
- Planning for the development of data agreements.
- Metrics to demonstrate meaningful use of electronic health records.
- Reporting requirements for clinical quality outcomes.
- Governance for HIT initiatives, including oversight and monitoring activities.
- Web site development and maintenance.
- Quality assurance activities, including independent verification and validation.

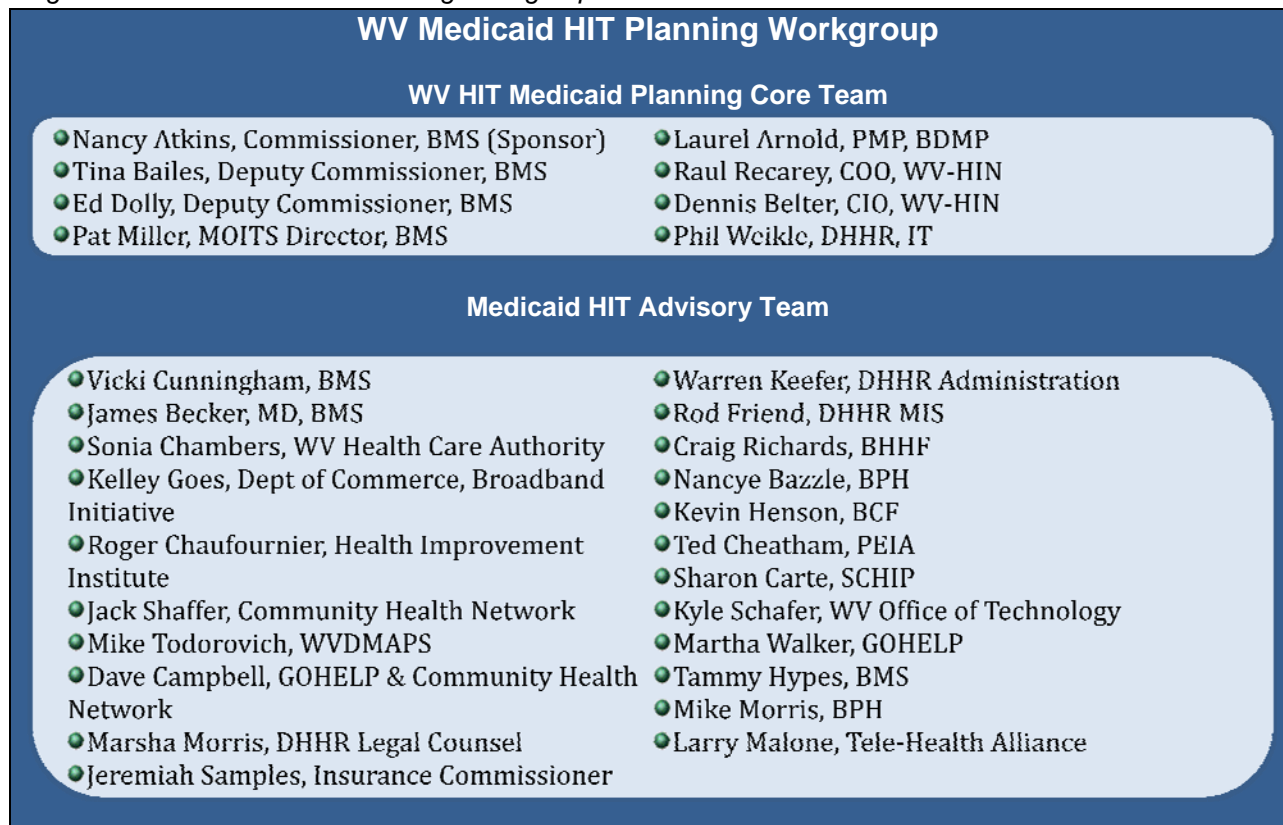
2.0 Project Management Plan

The Project Management Plan summarizes how the State intends to conduct planning activities necessary to complete its State Medicaid HIT Plan (SMHP).

2.1 WV Medicaid HIT Planning Organization

The State's project organization is briefly described in this section. It identifies key players in planning, such as the HIT Project Sponsor, the State's designated HIT contact person, and other planning participants by name and title. Figure 1 identifies project leadership, project core team members and lists participants in the WV Medicaid HIT Planning Workgroup.

Figure 1: WV Medicaid HIT Planning Workgroup





2.2 Project Roles and Responsibilities

WV Medicaid HIT Planning Project Sponsor ~ Commissioner Nancy Atkins

Responsibilities include:

- Resolution of Medicaid HIT planning issues.
- Chairing the WV Medicaid HIT Planning Core Team, the WV Medicaid HIT Planning Workgroup and the WV HIT Collaborative.
- Communication of BMS goals and objectives for the project.
- Establishing BMS priorities relative to the project.
- Setting and communicating expectations for BMS participation, professionalism and teamwork.

WV Medicaid HIT Contact ~ Ed Dolly, BMS Deputy Commissioner for Processes, Applications and Methodologies

Responsibilities include:

- Serving as the liaison between the WV Medicaid HIT Planning Project, Department management, and other State HIT initiatives.
- Communication of project information to external stakeholders.
- Convening the WV Medicaid HIT Planning Project Core Team, the WV Medicaid HIT Planning Workgroup and the WV HIT Collaborative.

WV Medicaid HIT Planning Project Manager ~ Laurel Arnold, BDMP

Responsibilities include:

- Providing and modeling professional support and facilitation of DHHR and BMS directives, priorities and decisions.
- Modeling and nurturing cooperation, collaboration, professionalism and teamwork.
- Planning and coordination of project activities.
- Outlining and validating expectations and applicable standards for deliverables with BMS.
- Managing work and resources to ensure timely delivery and quality of project deliverables.
- Facilitating and validating signature approval of project deliverables.

WV Medicaid HIT Planning Project Core Team ~ listed in Figure 1

Some members of the Project Core Team will be called upon to exercise their *authority* in regard to:

- Strategic and policy decisions.
- Assignment and allocation of staff to serve as subject matter experts for a project phase or deliverable.
- Recognition of or otherwise address BMS project participant performance.



- Negotiation and/or oversight of vendor contract(s).

Project Core Team members will be called upon to provide *expertise* in the following areas:

- Project management and coordination.
- Communication of business processes, rules and requirements.
- Preparation and participation in project meetings.
- Planning, execution and reporting on progress of assigned project tasks and action items.
- Development of the State Medicaid HIT Plan (SMHP) and the Provider EHR Incentive Program Design.
- Review of project documents and deliverables.

WV Medicaid HIT Planning Workgroup ~ listed in Figure 1

The WV Medicaid HIT Planning Workgroup will serve the WV Medicaid HIT Planning Project Sponsor in an advisory capacity. The Workgroup will be convened by the Medicaid HIT Coordinator at the request of the Project Sponsor. Members of the Workgroup do not have responsibility for approval of deliverables or making final decisions related to the project or associated contracts.

Workgroup member responsibilities include:

- Review of project communication and decision documents.
- Serving as a sounding board and advisor to project leadership.
- Preparation for and participation in scheduled meetings at the request of the Project Sponsor.

2.3 WV Medicaid HIT Planning Activities and Methods

This section summarizes how the State plans to conduct an assessment of its current and future HIT environment. It describes how and when the activities for planning will be conducted with schedules and milestones for completion of key events.

Please note that for purposes of consistency and ease of reference, the numbering used within this section corresponds to the numbering conventions used in the project work breakdown structure and schedule. (See Appendix A) The use of an “M” prefix indicates a milestone and “D” a deliverable.

◆ *M1: WV Medicaid HIT Planning Project Initiation.*

The State Medicaid HIT Planning Project will not commence until the Bureau has received CMS approval of the *WV Medicaid HIT Planning Advance Planning Document*.

1.0 Project Management Services for Medicaid HIT Planning

1.1 Initial Project Planning, Kick-off and Training

The Bureau for Medical Services will employ industry standard project management processes



and controls to manage project activities. State staff, with the assistance of the current project management contractor, will manage the project, provide policy and programmatic expertise, and review and approve all contractor deliverables and work products.

- D.1. Project Management Plan

Within ten days of project initiation, the Project Manager will develop a Project Management Plan for Bureau review and approval. The Project Management Plan will summarize how the State will conduct the project activities necessary to produce the State Medicaid HIT Plan (SMHP) for the State of West Virginia. It will describe the State's planning project organization and identify key players in planning by name and title. It will describe how and when the activities for planning will be conducted with schedules and milestones for completion of key events. It will describe the project processes used for the ongoing management of scope, schedule, cost, resources, risk, and communication.

- D.2 Project Kick-off

Upon approval of the Project Management Plan, the Project Manager will facilitate a WV Medicaid HIT Planning Project Kick-off Meeting. The objective of the WV Medicaid HIT Planning Project Kick-off Meeting is to provide participants with a clear and common understanding of approach, timeline, roles and responsibilities.

- D.3 Training of Project Participants

Within three weeks of project initiation, project participants will receive training. The primary purpose of the training provided by BDMP is to equip all West Virginia project participants with the necessary knowledge and skills to effectively and efficiently participate in the HIT Planning project and perform their job responsibilities as related to the project.

Training consists of the activities to develop, review, and approve the training plan, create the associated training materials, establish the training environment and facility, deliver the training to the project participants, evaluate the effectiveness of the training materials and methodology, and update the training materials and methodology as appropriate.

◆ *M2: Initial Project Planning, Kick-off and Training completed.*

1.2 Ongoing Project Coordination, Facilitation, Communication and Reporting

- D.4 Planning and Status Meetings (Project Core Team)

The Project Manager will schedule meetings, prepare status reports and facilitate planning and status meetings in accordance with the requirements and guidance set forth in the approved Project Management Summary for the Medicaid HIT Planning Project.

- D.5 Establish and facilitate WV HIT Collaborative

The Department has initiated discussions with key stakeholders about the future of



Medicaid HIT and how it will operate in conjunction with the larger health system and Statewide HIT efforts. Key stakeholders and stakeholder groups include, but are not limited to, the following:

- Governor's Office of Health Enhancement and Lifestyle Planning (GOHELP)
- West Virginia Health Information Network (WVHIN)
- Bureau for Public Health
- Bureau for Behavioral Health and Health Facilities
- Governor's Office of Technology
- Department of Commerce
- WV Health Care Authority
- Tele-Health Alliance
- WV Department of Military Affairs and Public Safety
- WV Insurance Commission
- DHHR Office of Secretary
- Bureau for Children and Families
- Public Employees Insurance Agency
- State Children's Health Insurance Program
- WV Health Improvement Institute
- Community Health Network
- RHITEC

The Bureau will form alliances with these agencies and stakeholders that will be ongoing to continue best practices, make process improvements and assess the feasibility of aligning Medicaid's HIT Plan with existing HIT/HIE efforts.

The Project Manager will schedule and facilitate meetings of WV HIT Collaborative members to discuss relevant topics and continue to explore opportunities for economy and efficiency.

◆ *M.3 Project Management Services for Medicaid HIT Planning Complete*

Project Management services will be deemed complete upon delivery of all project documentation and Project Sponsor (or designee) approval of the final project status report showing completion status of all project deliverables.

State Medicaid HIT Plan (SMHP)

Development of the SMHP will commence upon achievement of the second project milestone, *M2: Initial Project Planning, Kick-off and Training Completed*. The SMHP will include a roadmap of steps needed to move from the current state of HIT ("As-Is") to the HIT landscape desired in 2014 ("To-Be") to achieve maximum interoperability of systems in health care initiatives. It will also outline the specific actions necessary to implement the EHR Provider Incentive Program. The WV State Medicaid HIT Plan will be developed in accordance with guidance provided in 42 CFR Parts 495.332 as modified by CMS.

- D.6 WV Medicaid HIT Landscape Assessment (HIT As-Is)



The Bureau will work in collaboration with WV HIN COO, Raul Recarey and WV HIN CIO, Dennis Belter to review existing documentation and conduct research and information-gathering activities to develop a baseline assessment of the current HIT environment in the State. The survey conducted during the development of the P-APD and described in section 1.0 of this document will serve as the foundation for more in-depth interviews with members of the WV Medicaid HIT Planning Workgroup to assess potential alignment of Medicaid HIT efforts with existing HIT/HIE efforts throughout the State.

The output of this effort will be the WV Medicaid HIT Landscape Assessment that describes in detail current HIT activities and their impact on Medicaid beneficiaries.

◆*M.4 WV Medicaid HIT Landscape Assessment deliverable approved by Project Sponsor or designee.*

The WV Medicaid HIT Landscape Assessment activities will be considered complete upon signature approval of the WV Medicaid HIT Landscape Assessment report by the Project Sponsor or designee.

- D.7 WV Medicaid HIT Vision (HIT To Be)

Project Management personnel will use Medicaid IT Architecture (MITA) concepts, tools and processes in working with project participants to develop a vision for HIT in WV Medicaid.

Project Management personnel will work with BMS Business Area Owners to review MITA Business Area documentation and will research HIT capabilities to identify candidate goals and objectives and “To Be” capabilities prior to conducting onsite visioning work sessions.

Project Management personnel will schedule and facilitate three days of onsite visioning work sessions with the WV Medicaid HIT Planning Workgroup to elicit input, promote discussion and build consensus to finalize a list of WV Medicaid HIT Goals, Objectives and “To Be” Capabilities. The output of this exercise will be the “WV Medicaid HIT Vision” deliverable. This deliverable will describe the Medicaid vision for HIT and include an amended *CMS Template #3* from the MITA Framework identifying the enhanced business capabilities that could be achieved through implementation and adoption of HIT. Visioning activities will be considered complete upon signature approval of this deliverable by the Project Sponsor.

◆*M.5 WV Medicaid HIT Vision deliverable approved by Project Sponsor or designee.*

The WV Medicaid HIT Visioning activities will be considered complete upon signature approval of the WV Medicaid HIT Vision deliverable by the Project Sponsor or designee.



- D.8 WV Medicaid HIT Road Map

Project Management personnel will work with the BMS Project Core Team to develop the “WV Medicaid HIT Roadmap” that describes *how* the goals and objectives and “To Be” capabilities described in the “WV Medicaid HIT Vision” deliverable will be accomplished. It will identify measurable benchmarks for assessing progress along the State’s HIT Roadmap.

The “WV Medicaid HIT Roadmap” deliverable will also describe the following:

- The initiatives, priority and sequence of the initiatives and projects identified for the implementation of the WV Medicaid HIT Plan. It will also describe the mechanisms by which funding will be obtained for the initial implementation of projects as well as ongoing efforts and resources necessary to sustain them.
- The governance structure that will be used to align responsibility, authority and accountability for the execution of the component initiatives and projects.
- The program and portfolio management processes and methods that will be used to provide integrated management and objective oversight of component initiatives and projects.
- The plan for ongoing HIT education, training, communication, and outreach for State staff.

Upon approval of the WV Medicaid HIT Roadmap, information about each of the initiatives and projects identified in the WV Medicaid HIT Roadmap will be loaded into a Project Management Portal for use in program management and portfolio oversight.

- ◆ *M.6 WV Medicaid HIT Roadmap deliverable approved by the Project Sponsor or designee. The WV Medicaid HIT Roadmap activities will be considered complete upon signature approval of the WV Medicaid HIT Roadmap deliverable by the Project Sponsor or designee.*

EHR Provider Incentive Program

- D.9 EHR Provider Incentive Program Design

Provider adoption of EHR is key to the many of the goals and objectives identified by Medicaid during its initial MITA State Self Assessment, completed in 2009. The program design effort will be comprised of three high level activities leading to the production of a EHR Provider Incentive Program Design deliverable: fact finding, systems analysis and requirements definition, and planning.

Fact Finding

The Bureau will survey and interview providers; and conduct focus groups to gain an understanding of several factors that may influence use of EHR, including but not limited to the following:

- Provider access to the internet;
- Current use of HIT and EHR;



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- Provider preferences for education, training, outreach and communication;
 - Provider preferences and statistics for support of providers implementing and adopting EHR;
 - Historical and potentially State specific barriers to adoption and meaningful use of EHR;
 - State-specific funding barriers;
 - Integration of EHR and HIT with provider practice workflow and practice management systems;
 - Potential HIE functionality that would incentivize adoption and meaningful use;
 - Negative as well as positive incentives and messages that would be effective in promoting implementation and adoption of EHR;
 - Provider education, training, communication and outreach needs related to Medicaid HIT;
 - Define EHR adoption levels for success; and,
 - Strategies to enhance connectivity and expand broadband access to underserved areas.

Systems Analysis and Requirements Definition

The Bureau will conduct systems analyses and requirements definition for payment delivery, tracking and auditing of payments, interfaces, data exchanges and data agreements as part of the program design effort.

Planning

The Bureau will work with an existing contractor to plan and design a provider incentive program that will:

- a) reimburse authorized providers for the meaningful use of certified EHR technology. This program design will define an organizational function and structure and include the ability to:
 - identify audit control objectives for the incentive program;
 - identify the prospective authorized provider;
 - document criteria that will be used to validate the use of certified EHR systems by the provider for authorized technology and services;
 - identify and document criteria for the “meaningful use” of the technology by the provider as defined at the federal level and supplemented by state requirements; and,
 - effect an auditable financial transaction that documents payments to the provider at the authorized monetary levels defined in the final rules established by the federal government and state regulations.
- b) provide a comprehensive plan for education, training, communication and outreach to providers as they:
 - evaluate the potential benefits and costs of EHR;
 - assess the potential impacts of delaying implementation;
 - undertake selection and implementation of a certified EHR; and,



work to comply with incentive program criteria and reporting requirements.

- c) provide subject matter and technical support for providers as they:
- evaluate the potential benefits and costs of EHR;
 - assess the potential impacts of delaying implementation;
 - undertake selection and implementation of a certified EHR; and,
 - work to comply with incentive program criteria and reporting requirements.

The outputs of these activities will be compiled to form the EHR Provider Incentive Program Design deliverable.

- ◆ *M.7: EHR Provider Incentive Program Design deliverable approved by Project Sponsor or designee.*

The program design activities will be considered complete upon signature approval of the EHR Provider Incentive Program Design deliverable by the Project Sponsor or designee.

- ◆ *M.8: State Medicaid HIT Plan complete.*

Approved plan components (i.e., WV HIT Landscape Assessment, WV Medicaid HIT Vision, WV Medicaid HIT Road Map and EHR Provider Incentive Program Design) will be combined into one SMHP document and submitted for approval. The SMHP will be deemed complete upon signature approval by the Project Sponsor or designee.

WV Medicaid HIT Procurement Planning

- D.10 Provider Education, Training, Communication and Outreach Services Solicitation(s)

The Bureau has realigned its approach on providing Electronic Health Record (EHR) Incentive Program training to providers. The WV HIT collaborative concluded in order to reduce duplication of effort and ensure coordinated communications/education, BMS will partner with the West Virginia Regional Health Information Technology Extension Center (WVRHITEC) to provide EHR Incentive Program training to providers through the WVRHITEC's outreach program.

The Bureau intends to contract with the WVRHITEC on a sole source basis for the following reasons:

- The WVRHITEC is the state's designated HIT/EHR entity by the U.S. DHHS Office of the National Coordinator for Health Information Technology (ONC).
- All guidance, to date, to the state has encouraged coordination and alignment between Medicaid, the state based Regional Extension Center for HIT and the state HIE
- The time sensitivity of this process is so critical that a normal competitive procurement process would compromise the state and its ability to communicate with the provider community
- The WVRHITEC is a not-for-profit organization established in coordination with BMS for the public good and serves as a primary mission of outreach, education and collaboration with the provider community
- The WVRHITEC has been a primary vehicle for disseminating information to providers on



- the Meaningful Use incentive program and the HITECH Act
- Providers are experiencing information fatigue, and we believe channeling a consistent message through coordinated approach/organization is the best mechanism to reach our providers
- The WVRHITEC has established an efficient and effective communication mechanism with all the state-based professional societies, associations, trade organizations, vendors and with providers that enables rapid dissemination of information
- The WVRHITEC has a knowledge management portal that supports communication efforts (archived web casts, announcements, list serves, etc.)
- The WVRHITEC has field staff that are constantly interacting with and working with provider offices directly.

◆ *M.9: Provider Education, Training, Communication, and Outreach Services Solicitation(s) complete.*

- D.11 Medicaid HIT Program and Project Management Services Solicitation(s)
The Bureau will develop a scope of work for issuance of a solicitation/solicitation(s) to procure services for professional program and project management services for the WV Medicaid HIT program. The vendor shall propose staff, processes, tools and techniques consistent with industry standards and best practices in program and project management.

◆ *M.10: Medicaid HIT Program and Project Management Services Solicitation(s)complete.*

- D.12 Provider Incentive Program Administration Sole Source
The HIT Collaborative has several core Workgroups. The Provider Incentive Program (PIP) Administration workgroup was charged with determining the best solution path for the overall design and implementation of the PIP. This group consisted of key stakeholders from the Department of Health and Human Resources, the Bureau for Medical Services, designated representatives of Care Provider associations, WV Health Care Authority, and GOHELP. After due care and consideration of available options, the workgroup recommended the best direction was to work directly with our current MMIS provider. This decision was primarily based on the following:
 - Any Provider Incentive Solution proposed would require extensive file sharing with our current MMIS provider to ensure the accurate eligibility status of the Medicaid provider. The current fiscal agent would have to continually exchange this information with the external party, as well as establish new processes to maintain the integrity of the information in a secure and sustainable manner. This would inherently increase cost for the Provider Incentive Solution Support, introduce additional work to our current Fiscal Agent. These costs would then be in addition to the base amount required to build and host a stand-alone PIP application for the State.
 - Provider services staff member, currently provided Molina as part of the MMIS support staff, are already familiar with the provider population, as well as intrinsic details about the Provider Enrollment and eligibility that would not be readily apparent to an external vendor. This includes details regarding provider enrollment and eligibility and payment capabilities.



- By integrating the MMIS claims data and the PIP uniform data sets for “Meaningful Use Stage 1”, the platform will be ready to accept the Stage 2 “Meaningful Use” requirements for Care Management, Disease Management, and Outcomes Reporting.
- As Molina is already the WV Fiscal Agent with access to MMIS Provider data, by utilizing the Molina PIP solution, we will have the capacity to query and meet the ARRA required Fraud and Abuse Reporting requirements to CMS, the Zone Program Integrity Contracts (ZPICs), and State Medicaid Fraud Units (MFUs).
- Molina has already developed a Provider Incentive Payment Solution system for our Louisiana customer to support their current Mainframe system and Provider Portal, and is actively testing this solution with the NLR as a Stage 1 State. Development of this technology was given as a Change Request directly to the Fiscal Agent.

◆ *M.11: WV Medicaid HIT Procurement Planning complete.*

Note: Additional solicitations may be necessary based upon the planning conducted during the development of the Medicaid HIT Road Map. BMS will amend this Planning Advance Planning Document to request additional funding for these activities should they be determined necessary.

Implementation APD(s)

- D.13 WV Medicaid HIT Implementation APD (I-APD)

The Bureau will develop and submit an Implementation APD to CMS to request funding for initiatives and projects described in the WV Medicaid HIT Plan. Implementation activities and services procured by the Bureau will not commence until all planning activities are completed and funding has been approved by CMS.

◆ *M.12 Note: Additional I-APDs may be necessary based upon the planning conducted during the development of the Medicaid HIT Road Map. BMS will amend this Planning Advance Planning Document to request additional funding for these activities should they be determined necessary.*

◆ *M.12 WV Medicaid HIT Planning Project Complete. Implementation activities and services procured by the Bureau will not commence until all planning activities are completed and funding has been approved by CMS.*

2.4 WV Medicaid HIT Planning Schedule

The Gantt chart provided in Appendix A illustrates the target timeline for the completion of the activities and deliverables and achievement of key milestones identified in section 2.3.



3.0 Proposed Project Budget

This section describes the resource needs for which funding support is requested by the State. These include State personnel costs, contractor costs, hardware, software, equipment, facilities, travel and other related miscellaneous costs. This section of the HIT P-APD also provides the cost allocation plan used to depict non-Medicaid activities and FTEs participating in this effort.

3.1 Estimated Costs

The Bureau is requesting enhanced (90%) funding to create a State Medicaid HIT Plan (SMHP). The SMHP will serve as the strategic plan and Medicaid HIT Road Map for moving the WV Medicaid enterprise from the current “As-Is” HIT Landscape to the desired “To-Be” HIT Landscape over the next 5 years. The SMHP will provide an overview and detailed design of the provider incentive program WV will implement to achieve EHR adoption throughout the State.

The Bureau has conducted initial planning to identify products and services, timeline and resource needs. This planning provided the basis for the estimates included in this section.

Proposed State Personnel Participation

The Bureau is requesting enhanced (90%) funding for State personnel resources that will include members of the Bureau's existing staff and contracted IT staff to manage the project and participate in project tasks. The following presents the level of funding requested for State and contracted participation in the development of the WV Medicaid HIT Planning project:

Activity	State Share	Federal Share	%	Total
State Staff:				
Medicaid Director	\$1,144	\$10,293	90	\$11,437
Deputy Commissioner for Administration and Finance	\$2,102	\$18,919	90	\$21,021
Deputy Commissioner for Processes, Application, and Methodologies	\$5,608	\$50,473	90	\$56,081
Deputy Commissioner for Policy	\$780	\$7,019	90	\$7,799
Director of MMIS Operations and IT Support	\$774	\$6,963	90	\$7,737
MITA /HIT Analyst	\$3,556	\$32,001	90	\$35,557
HIT Program Manager	\$3,556	\$32,001	90	\$35,557
Office of Quality and Program Integrity	\$799	\$7,196	90	\$7,995
Office of Pharmacy	\$923	\$8,307	90	\$9,230



Contracted Staff:

HIT Subject Matter Experts (2)	\$5,685	\$51,169	90	\$56,854
Office of Technology Specialist	\$3,608	\$32,472	90	\$36,080
BMS Totals	\$28,535	\$256,813		\$285,348

Planning Assumptions for Proposed State Staff Participation Costs

The following assumptions apply to the cost estimates and have been reviewed and deemed reasonable by the Project Core Team.

- The project will begin June 1, 2010 and will end June 30, 2011.
- Staffing resource costs are estimated using the following formula: "Hourly Rate derived from Salary and Benefits x Number of Estimated Project hours" calculated for each individual expected to participate in the project.
- Estimated Project hours are based on annualized 2080 work hours per year multiplied by the percentage allocated for each individual participating in the project for a period of 13 months.
- Staffing cost for State resources are based on actual State salaries and benefits or has been estimated based on the average State salary for the civil service classification and an average Department benefit participation rate.
- BMS management allocation to the West Virginia Medicaid HIT Planning Initiatives is estimated as follows:

BMS Management	Estimated Allocation
Medicaid Director	10%
Deputy Commissioner for Administration and Finance	25%
Deputy Commissioner for Processes, Application, and Methodologies	60%
Deputy Commissioner for Policy	10%
Director of MMIS Operations and IT Support	10%
MITA /HIT Analyst	50%
HIT Program Manager	50%
Office of Quality and Program Integrity	10%
Office of Pharmacy	10%
Contracted Staff	
	80%
HIT Subject Matter Experts (2)	(40% x 2)
Office of Technology Specialist	20%



Proposed Contractor Costs

The Bureau is requesting enhanced (90%) funding for Contractor costs for the development of the WV Medicaid HIT Planning project as follows:

Activity	State Share	Federal Share	%	Total
Project Management Services	\$34,914	\$314,226	90	\$349,140
IT Management Specialist	\$9,010	\$81,090	90	\$90,100
Technical SME: WVIN/HCA	\$14,231	\$128,082	90	\$142,314
Medicaid Medical Director	\$1,558	\$14,019	90	\$15,577
Provider Outreach and Education	\$8,399	\$75,587	90	\$83,985
BMS Totals	\$68,112	\$613,004		\$681,116

Planning Assumptions for Proposed Contractor Costs

The following assumption applies to the cost estimates and have been reviewed and deemed reasonable by the BMS Project Core Team.

- Proposed costs for project management services contained in this P-APD are exclusive of those included in any other funding request.
- Contractor estimates are based on competitively established rates.

Proposed Hardware, Software, Equipment, and Facilities Costs

The Bureau is requesting enhanced (90%) funding for Hardware, Software, Equipment and Facilities costs for the development of the WV Medicaid HIT Planning project as follows:

Activity	State Share	Federal Share	%	Total
Hardware, Equipment, Software and Facilities	\$2,500	\$22,500	90	\$25,000
BMS Total	\$2,500	\$22,500		\$25,000

Planning Assumptions for Proposed Contractor Costs

The following assumption applies to the cost estimates and have been reviewed and deemed reasonable by the BMS Project Core Team.

- Facility costs were based on planned facility rentals in 8 cities for conducting provider training workshops.



Proposed Travel, Training and Other Miscellaneous Costs

The Bureau is requesting enhanced (90%) funding for State employee travel, training and other miscellaneous costs for the development of the WV Medicaid HIT Planning project as follows:

Activity	State Share	Federal Share	%	Total
Training Conferences	\$4,200	\$37,800	90	\$42,000
Multi State Collaborative Workgroup Dues	\$800	\$7,200	90	\$8,000
Misc (Postage, Printing, etc)	\$200	\$1,800	90	\$2,000
Travel	\$650	\$5,850	90	\$6,500
BMS Total	\$5,850	\$52,650		\$58,500

Planning Assumptions for Proposed Travel, Training and Other Misc. Costs

The following assumption applies to the cost estimates and have been reviewed and deemed reasonable by the BMS Project Core Team.

- Training conferences costs were based on planned attendance at the MMIS Conference, and additional HIT training conferences.
- The APSHA/NASMD Multi-State Collaborative workgroup will be used to leverage other State efforts related to health information technology. It also provides opportunities to learn from industry experts, share lessons learned and collaborate on technical assistance opportunities through calls and web meetings. Travel costs were based on State participation in planned provider workshops and planning sessions with stakeholders.
- Other costs related to postage and printing will support creation, mailing and processing of provider materials such as surveys or materials used for provider workshops.
- Travel costs were based on estimated state-wide travel for stakeholder planning and workshop meetings.

Budget Summary

A total project cost of \$1,049,964 is estimated and a total of \$944,967 in federal funds is being requested with this P-APD. The \$104,997 State share will be satisfied through State appropriations.

3.2 Cost Allocation Plan

A cost allocation plan provided in this section identifies all participants and their associated cost allocation as specified in Circular A-87 to depict non-Medicaid activities and FTEs participating in this effort.



The following proposed cost allocation approach will be used during the WV Medicaid HIT Planning project planning phase:

A distinct cost center will be established in the State's accounting system to distinguish HIT related planning activities to ensure that only approved HIT expenditures are reported. Only activities that are related to Medicaid will be charge to this cost center. Non-Medicaid activities and resources will not be included.

State staff working on this project will also be engaged in other, non-HIT related activities. Timesheets or an equivalent record will be utilized to record HIT related project hours to ensure accurate reporting of all HIT staff resource costs. A summary of allowable State resources will be maintained and submitted monthly to the Department's Finance unit to make the appropriate ledger entries for reporting purposes. All supporting detail will be maintained in files retained by the Bureau's financial staff.

Vendor and contracted resources will invoice based on actual time attributable to HIT planning activities and clearly indicate allowable activities on the invoices they submit for payment. Only hours worked on the HIT Planning project will be charged to the HIT related activity cost center.



4.0 Assurances

This section includes assurances related to procurement activities, monitoring and reporting activities, access to records, licensing, ownership of software, and the safeguarding of information.

The State of West Virginia, Bureau for Medical Services, assures that this project will be carried out in a manner compliant with the applicable requirements put forth in the Code of Federal Regulations (CFR), State Medicaid Manual (SMM) and State Medicaid Director Letter dated December 4, 1995.

Procurement Standards (Competition / Sole Source)	45 CFR Section 95.613	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Access to Records	45 CFR Section 95.617	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Software and Ownership Rights	42 CFR Part 433.112(b)(5)–(9)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Federal Licenses	42 CFR Part 433.112(b)(5)–(9)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Information Safeguarding	42 CFR Section 431.300	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HIPAA Compliance	45 CFR Part 164	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Progress Reports		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Furthermore, the WV State Medicaid HIT Plan will be developed in accordance with guidance provided in 42 CFR Part 495.332 and any related updates, amendments or final rules.