

With every project, there are critical milestones to be met and work products and deliverables that must be developed and produced in order to provide the inputs necessary to perform the next phase. Table 4 elaborates on the activities of the proposed 8-month implementation plan, along with the expected deliverables.

Table 4. High-Level Activities and Milestones by Phase

Activities	Description	Phases
Project Initiation and Planning	This will establish the project team structure and classification of the different stakeholders. Development of plan and related schedule to execute the project.	Phase I
Fit/Gap Analysis and Assessment Evaluation	CNSI engages stakeholders in detailed discussions ensuring stakeholders are in sync with the plan. CHAMPS Use Cases are analyzed to identify the necessary configuration changes for the implementation of Provider Enrollment. Differences between MDCH's and HFS' systems are captured and documented. Using the Fit/Gap Analysis report, CNSI engages stakeholders in discussion to bridge the gaps, determine the necessary configurations, and prepare the Configuration Detail Document (CDD).	Phase I
Phase I Deliverables: <ul style="list-style-type: none"> • Project Plan • Project Schedule • Fit/Gap Analysis Report • Configuration Detail Document (CDD) • Requirements Traceability Matrix 		
Infrastructure Planning	Infrastructure requirements are identified and documented.	Phase II
Provider Enrollment Conversion	CNSI will develop the Conversion Plan and perform source and target identification, conversion analysis, data clean up, mapping and rules, execution, and validation.	Phase II
Provider Enrollment Configuration	The gaps identified and evaluated in Phase I will be configured and delivered to the Test Team for System Testing.	Phase II
Interface Configuration	The Interface related gaps identified and evaluated in Phase I will be configured and delivered to the Test Team for System Testing.	Phase II
Test Planning	Test plans and related test case and test data for Unit, System, UAT/B2B	Phase II

CNSI
 Illinois Early Provider Enrollment
 Statement of Work

Activities	Description	Phases
	Testing will be developed.	
System Testing	CNSI will conduct System Testing. At the conclusion of the System Test phase, CNSI will prepare a complete report of test results.	Phase II
Implementation Planning	CNSI will develop the plan for deployment to production, which will include detail implementation checklists, the final implementation calendar, and related artifacts. This is a joint activity that includes from many State stakeholders.	Phase II
Environment Configuration	CNSI will configure environments for development, system testing, UAT/B2B testing and establish configuration management procedures.	Phase II
Phase II Deliverables: <ul style="list-style-type: none"> • Infrastructure Plan (Informal) • Updated CHAMPS Maintenance Plan (Informal) • Updated CHAMPS Disaster Recovery Plan (Informal) • Conversion Plan • Updated DSDD • System Test Plan • System Test Results • UAT/B2B Test Plan • Implementation Plan 		
UAT/B2B Testing	The State team will conduct UAT/B2B Testing. At the conclusion of the UAT phase, the State team will prepare a complete report of test results.	Phase III
System Implementation/Go-Live	Implementation of the updated Provider Enrollment system with all MDCH and HFS functions operational in production.	Phase III
Project Closure	The objective of this activity is to review and validate the success of the project activities, and close the project.	Phase III
Phase III Deliverables: <ul style="list-style-type: none"> • Conversion Report • UAT/B2B Test Results 		

CNSI
Illinois Early Provider Enrollment
Statement of Work

Activities	Description	Phases
•	Production Code Deployment	
•	Project Closure Report (Informal)	

Phase I – Planning and Analysis

Activity 1 – Project Initiation and Planning

Project Initiation focuses on the creation of the project plan by project management. The project plan defines the project's purpose and goals and sets the timeframe and timeline of when goals are expected to be met. Project planning activities will be coordinated with the MaaS PCO.

During **Project Planning**, CNSI, MDCH, DTMB, and HFS management will establish working relationships and identify the staff members required to support the initiative. Once the team members are identified, they will familiarize themselves with the project scope and objectives.

CNSI will prepare the project schedule and any customizations necessary for the project management plan, which will include standards and guidelines for the various teams to work with each other. The Deliverables Management section of the project management plan will define all formal deliverables for the project along with the organizational units involved in preparing, reviewing, and approving the project deliverables.

Milestones associated with this activity include:

- Team members are identified and committed to the effort.
- Project Management Plan is delivered.
- Project Schedule is delivered.

Activity 2 – Fit/Gap Analysis and Assessment/Evaluation

The objective of this activity is to conduct the comprehensive fit/gap analysis between the two systems. CNSI will document where Michigan's provider enrollment functionality fits both MDCH and HFS and where there are gaps that will need to be bridged. CNSI will then work with both states to determine the best approach to configure the Provider Enrollment subsystem to bridge the gaps. This will be accomplished through a series of structured focus group sessions. The fit/gap process will be applied to provider enrollment and related reports, data models, interfaces, and rules-engine processing. The CHAMPS Provider Enrollment subsystem requirements traceability matrix applicable to the scope of the early implementation effort will be extracted from ReqTrace.

Milestones associated with this activity include:

- The Fit/Gap Analysis Report is delivered.
- The CDD document is delivered.
- Requirements Traceability Matrix is delivered.

Phase II - System Configuration and System Testing

Activity 1 – Infrastructure Planning

During this activity, CNSI will collaborate with HFS and DTMB team members to determine the infrastructure necessary to support the early implementation of the Provider Enrollment subsystem. The

target infrastructure will be identified and a plan will be developed to support any required infrastructure changes. For both ongoing system maintenance and for disaster recovery activities, the HFS early provider enrollment implementation will fall under the CHAMPS Maintenance Plan and the CHAMPS Disaster Recovery Plan respectively. Both the Maintenance and Disaster Recovery plans will be updated to incorporate HFS' provider enrollment implementation.

The milestones associated with this activity include

- Infrastructure Plan is created
- The CHAMPS Maintenance Plan is updated.
- The CHAMPS Disaster Recovery Plan is updated.

Activity 2 – Provider Enrollment Conversion

During this activity, CNSI will develop the approach to be used for Illinois provider data conversion. CNSI will collaborate with HFS to perform source and target identification, intermediate conversion-processing requirements, data-cleansing processes, conversion analysis, data cleanup, mapping, and rules.

Components of the plan approach will include:

- Source-to-destination data element mapping, including consideration of intermediate processing requirements.
- Data conversion tools.
- Conversion verification procedures and activities required for system testing

After the planned approach is determined, CNSI will develop the data conversion scripts. The scripts will perform data conversion, intermediate data processing, and loading cleansed data into the destination data repository.

CNSI applies the scripts and test conversions are performed. Results are reviewed for anomalies and the conversion rules are adjusted accordingly.

The milestones associated with this activity include:

- The Conversion Plan is delivered.
- The Conversion test results are validated.

Activity 3 – Provider Enrollment Configuration

During this activity, CNSI configures the Provider Enrollment subsystem's technical components based on the outcome of the fit/gap analysis. The configuration process uses CNSI's technical toolsets and standards in place for the Illinois Early Provider Enrollment Implementation Project. Any adjustments to the underlying detailed system design documents (DSDDs) are applied to reflect the Illinois configuration for provider enrollment.

The newly configured provider enrollment functions are promoted to testing. Any configuration anomalies revealed through the testing process are corrected and redeployed to the test environment for validation.

Milestones associated with this activity include:

- Updated DSDDs are completed, reflecting Illinois configuration.
- Configuration for provider enrollment is completed. This includes:
 - New provider enrollments.
 - Modification of new provider enrollments.
 - Rules engine updates for Illinois provider enrollments.
 - Provider data model adjustments.
 - Provider profile set-up and domain access.
 - Configuration of Illinois provider type and specialty combinations.

Activity 4 – Interface Configuration

During this activity, CNSI will configure the Provider Enrollment interface module to remediate any interface gaps identified in the fit/gap analysis conducted in Phase I. This will include any unique interfaces needed to support the HFS provider enrollment process. All interfaces will be implemented via DTMB's secure, encrypted, data transfer mechanism. On completion, the newly configured interfaces will be promoted to testing.

Milestones for this activity include configuring and preparing the following interfaces for testing:

- Illinois legacy provider system.
- Provider credentialing service.
- Approved provider enrollment data extract to the HFS Enterprise Data Warehouse (EDW).

Activity 5 – Test Planning

During this activity, CNSI will collaborate with MDCH, DTMB, and HFS to produce detailed test plans and schedules for each phase of testing, including unit, system, and UAT/B2B testing. CNSI will develop unit and system test cases and data to support system testing for configurations applied to the Provider Enrollment subsystem, provider interfaces, and provider enrollment rules engine processes. CNSI will also assist HFS in developing their UAT and B2B test plan, test cases, and data.

Milestones for this activity include:

- System Test Plan is delivered.
- UAT/B2B Test Plan is completed (State activity)

Activity 6 – System Testing

CNSI will conduct system testing. This involves executing the System Test Plan, correcting any anomalies uncovered during the execution of the test plan, and recording the results. At the conclusion of the system test phase, CNSI will prepare a complete report of the test results.

The milestones for this activity are:

- The System Test Results Report is delivered.
- The configured provider enrollment subsystem is promoted to the UAT/B2B environment.

Activity 7 – Implementation Planning

During this activity CNSI, HFS, and DTMB will plan for the implementation of the Provider Enrollment subsystem. This activity will require significant input from HFS to factor in business considerations. In addition, dependencies with external partners and other agencies will be factored in, as appropriate. CNSI will conduct implementation planning meetings to ensure all necessary activities are captured and assigned. Through the meetings, an implementation calendar and checklist will be developed. The results of the planning meetings will be documented in the implementation plan, which will include the project schedule and other inputs. The resulting plan will be designed to minimize the impact to existing production systems and manage the risks associated with the implementation.

Milestones associated with this activity include:

- Key participants for implementation planning are identified and assigned.
- Implementation planning and review meetings are completed.
- Implementation Plan is delivered (including the calendar and checklist).

Activity 8 – Environment Configuration

During this activity, DTMB and CNSI will work together to establish and configure the environments necessary for development and testing. CNSI will establish environment configuration management procedures. This activity's primary tasks are to set up a new instance on the existing hardware and establish connectivity so the necessary environment can be configured.

Milestones associated with this activity include:

- Development environment configuration is completed.
- System test environment configuration is completed.
- UAT and B2B test environment is completed.

Phase III – UAT, Implementation, and Go-Live

Activity 1 – UAT/B2B Testing (State Activity)

CNSI recognizes that UAT and B2B testing is owned by the customer. However, it is an integral part of the system life cycle. Through UAT, HFS will validate and verify that the Provider Enrollment subsystem

works as expected, conforms to the agreed-upon business and technical requirements, and can be implemented with the same characteristics.

CNSI will support MDCH, DTMB, and HFS in conducting formal UAT and B2B testing. During this activity, data conversion and interfaces will also be verified and validated. B2B testing with application partners, such as Provider Credentialing Partner and Comptroller will be completed. Any anomalies uncovered in this activity will be corrected and the related tests or conversion activity will be re-executed. During this activity, testing is conducted with converted data and CNSI will prepare a conversion report. The conversion report will document the results of the conversion activity and any exceptions noted. Successful completion of UAT and B2B testing is a critical component of the entrance criteria for production implementation.

The milestone associated with this test is State acknowledgement of successful test completion. The State may optionally prepare and deliver a UAT/B2B results report to their management.

Activity 2 – Production Deployment

The production deployment will be conducted upon completion of the activities described in the implementation plan. The deployment will be a joint effort between CNSI and State resources and will be led by CNSI. This activity includes preparation of the production environment, deployment of code packages and converted data to the production environment, and successful completion of all pre-implementation tasks and events documented in the implementation checklist and calendar.

Milestones associated with this activity include:

- Final data conversion is completed.
- All pre-implementation tasks and events are completed.
- State approval to implement is received.
- Code is deployed to production.
- The production installation is verified.
- The production installation is released to user community.

Activity 3 – Project Closure

In coordination with the PCO, HFS, MDCH, DTMB, and CNSI will review the completed project and document any lessons learned for use in future projects. Final updates will be applied to project metrics and the project will be closed.

Milestones for this activity include:

- The PCO will publish the lessons learned to all stakeholders.
- The CNSI internal project closure report is completed.
- Project is officially completed.
- Project artifacts loaded into As-One are audited for completeness.

Section 3: General Assumptions

CNSI has identified and provided the following general assumptions in regards to the Illinois Early Provider Enrollment Implementation Project:

1. The fit/gap analysis and subsequent system configuration activity will use the CHAMPS Provider Enrollment subsystem as the baseline for undertaking the project.
2. The estimate of cost and effort for this implementation is applicable to the accommodation of agreed-upon customizations identified during the fit/gap analysis. The changes required to support other external systems are not included.
3. HFS and MDCH will provide access to, and time commitment from, subject matter experts who understand their programs and systems and are able to articulate how they operate.
4. HFS will provide background information and technical artifacts needed on a timely basis. Due dates are collaboratively agreed upon for any such requests.
5. HFS will provide timely access to business documentation to include the Illinois State Medicaid Plan, edit and pricing rules, Medicaid Policy Manuals and other internal documentation needed to complete the assessment.
6. HFS will provide the Assessment Team with the means to view or access to their legacy system in test mode.
7. The provider enrollment data extract to the EDW system will be sent in the same format used by CHAMPS' Provider Enrollment subsystem.
8. HFS agrees to provide access to specific contacts outside the HFS organization that may exchange data with the HFS program via interface or web service.
9. Optum will conduct the fit/gap analysis for the HFS EDW. EDW is not included in the scope of CNSI's effort.
10. Any customization needed for Michigan's Single Sign On will be performed by the DTMB.

Section 4: Proposed Project Cost

This section of our proposal presents our fixed price overall labor cost and hardware estimates for completing the Illinois Early Provider Enrollment project. The cost was derived based on the expected effort required as presented in our initial work plan, composed of the three phases depicted in Figure 6, the estimated software licensing cost from LexisNexis and estimated hardware cost. The total fixed price labor cost for the Illinois Early Provider Enrollment project is \$5,871,000. The software licensing cost is estimated at \$650,000. The total combined estimated project cost for fixed labor and software licensing is \$6,521,000.

The overall project labor cost is detailed within each phase, along with a presentation of the major activities and planned deliverables as depicted in Figure 7.

Phase I Planning and Analysis	Phase II System Configuration and System Testing	Phase III User Acceptance Testing, Implementation, and Go-Live
Major Activities: <input checked="" type="checkbox"/> Project Initiation and Planning <input checked="" type="checkbox"/> Fit/Gap Analysis and Assessment / Evaluation Estimated Duration: 2 Months \$ 1,200,000.00	Major Activities: <input checked="" type="checkbox"/> Infrastructure Planning <input checked="" type="checkbox"/> Provider Enrollment Conversion <input checked="" type="checkbox"/> Provider Enrollment Configuration <input checked="" type="checkbox"/> Interface Configuration <input checked="" type="checkbox"/> Test Planning (Unit, System, UAT/B2B) <input checked="" type="checkbox"/> System Testing <input checked="" type="checkbox"/> Implementation Planning <input checked="" type="checkbox"/> Environment Configuration Estimated Duration: 4 Months \$ 2,826,000.00	Major Activities: <input checked="" type="checkbox"/> UAT/B2B Testing <input checked="" type="checkbox"/> System Implementation / Go-Live <input checked="" type="checkbox"/> Project Closure Estimated Duration: 4 Months \$ 1,716,000.00
Phase Deliverables: <input checked="" type="checkbox"/> Project Management Plan <input checked="" type="checkbox"/> Project Schedule <input checked="" type="checkbox"/> Fit/Gap Analysis Report <input checked="" type="checkbox"/> Configuration Detail Document (CDD)	Phase Deliverables: <input checked="" type="checkbox"/> Infrastructure Plan <input checked="" type="checkbox"/> Updated CHAMPS Maintenance Plan <input checked="" type="checkbox"/> Updated CHAMPS Disaster Recovery Plan <input checked="" type="checkbox"/> Updated DSDD <input checked="" type="checkbox"/> System Test Plan <input checked="" type="checkbox"/> System Test Results <input checked="" type="checkbox"/> UAT/B2B Test Plan <input checked="" type="checkbox"/> Implementation Plan	Phase Deliverables: <input checked="" type="checkbox"/> Conversion Report <input checked="" type="checkbox"/> UAT/B2B Test Results <input checked="" type="checkbox"/> Production Code Deployment <input checked="" type="checkbox"/> Project Closure Report

Figure 7. Project Phases with Costs

Illinois eMIPP Implementation Statement of Work

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Contents

Contents	i
Figures.....	ii
Tables	ii
Section 1: Introduction	1
1.1 Regulatory and Business Drivers for Change	2
1.1.1 EP Incentive Payments	3
1.1.2 EH Incentive Payments.....	4
1.2 CNSI Capabilities.....	4
1.3 Proposed Project Organization.....	5
Section 2: Project Management, Methodology, Tools, and Technical Approach	6
2.1 Project Management Approach.....	6
2.2 Project Methodology.....	8
2.3 Project Management Tools	10
2.3.1 ReqTrace.....	11
2.3.2 As-One.....	12
2.4 Technical and Phased Approach Work Plan.....	13
2.4.1 iVision360 Iterative Configuration, Testing, and Documentation Approach.....	13
2.4.2 Phased Approach Work Plan	16
Section 3: General Assumptions	26
Section 4: Pricing	27
Appendix A – Summary of eMIPP Functionality	28
Provider Registration	28
Registration Adjudication	32
MU Measures.....	33
Authorize Provider Incentive Payment Functionality.....	36
CMS Interface Services	36
Authentication Services	37
Document Management.....	37
Dispute Resolution	37

Figures

Figure 1. CNSI’s Project Management and Quality Management Framework	7
Figure 2. As-One Collaboration and Improvement.....	12
Figure 3. Initial Project Work Plan	13
Figure 4. iVision360 Process Diagram	15
Figure 5. High-Level Project Phases and Activities	17
Figure 6. EP Eligible Encounters.....	30
Figure 7. Eligible Provider MU Overview.....	31
Figure 8. State “Approver” Workflow.....	32
Figure 9. State MU Summary	34
Figure 10. MU Core Objectives.....	35
Figure 11. Provider Dispute Creation	37

Tables

Table 1. EP Maximum Medicaid EHR Incentive Payments by Participating Year.....	3
Table 2. SDLC Methodology Comparison	10
Table 3. CNSI Project Tools.....	11
Table 4. High-Level Activities and Milestones by Phase	17
Table 5. Proposed Cost Breakdown.....	27

Section 1: Introduction

CNSI is pleased to present this statement of work to implement its Electronic Health Record (EHR) Medicaid Incentive Payment Program (MIPP) product, eMIPP[®], to the State of Michigan Department of Community Health (MDCH) at the request of the State of Illinois' Department of Healthcare and Family Services (HFS). CNSI proposes to implement eMIPP under a fixed-cost agreement. This implementation of eMIPP is a stand-alone solution relying on the existing HFS Medicaid Management Information System (MMIS). The eMIPP product is configured to seamlessly integrate with the eCAMs-platform when the subsequent Michigan as a Service (MaaS) effort is completed.

The eMIPP product implementation will be completed in two phases over the course of calendar year 2013. The scope of this statement of work is to implement a compliant MIPP for program years through 2014. eMIPP will be implemented and hosted at the Michigan Department of Technology, Management & Budget (DTMB) data center.

The Health Information Technology for Economic and Clinical Health (HITECH) Act, within the American Recovery and Reinvestment Act of 2009, established programs under Medicare and Medicaid to provide incentive payments for the meaningful use of certified EHR technology. MIPP programs are designed to support providers in this period of healthcare information technology (health IT) transition and improve the quality, safety, and efficiency of patient healthcare through the meaningful use (MU) of EHRs.

Illinois' EHR MIPP will provide incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) that adopt, implement, and upgrade (AIU) the certified EHR technology in their first participating year. In future participating years, EPs and EHs must demonstrate MU of certified EHR technology.

Phase I will provide the functionality needed to administer MIPP with participating providers in any of the first three years of the program, including MU Stage 1. Phase I will incorporate changes to MU Stage 1 and definitions of eligible encounters for the EHR as published by CMS in *Federal Register 42 CFR Parts 412, 413, and 495 (Meaningful Use Stage 2 Final Rule)* in September 2012. Most of these changes are effective in CMS Program Year 2013.

Phase II will provide the MU Stage 2 functionality needed to administer the program through 2014. Stage 2 will revise a number of current MU measures in addition to adding new measures.

This project's objective is to ensure the State of Illinois complies with federal requirements to meet MU Stage 2 and the revised MU Stage 1 for any attestations starting 2013 and 2014.

This statement of work meets the criteria defined by HFS:

- **Illinois Provider Incentive Program (PIP) Database Conversion:** CNSI will convert the PIP data extract provided by HFS into eMIPP data structures. The conversion process will use the PIP data extract and conversion business rules to ensure all necessary eMIPP data structures are populated.
- **Illinois Provider File Integration:** CNSI will configure an inbound interface from the Illinois Enterprise Data Warehouse (EDW) to accept and maintain eMIPP provider data. As with conversion, business rules will be developed to ensure that the necessary eMIPP data structures are maintained.

CNSI
Illinois eMIPP Implementation Statement of Work

- **Illinois Medicaid Electronic Data Interchange (MED) Hyperlink Integration:** In collaboration with DTMB, CNSI will provide the instructions to the State of Illinois necessary to redirect authenticated providers to the eMIPP system.
- **Illinois Programmatic and Accounting System (PAAS) Provider Incentive Payment Interface:** CNSI will configure a bidirectional interface to send payment requests to PAAS and receive remittance advice (RA) transaction data necessary to support required interfaces with CMS.
- **Illinois Claims Activity File Extract:** CNSI will configure eMIPP to accept a daily interface containing aggregate claim data from the EDW to be displayed on the adjudication screens for prepayment validation.

The eMIPP product was successfully implemented as a commercial off-the-shelf (COTS) product in multiple states and has proven capable of interfacing with both legacy MMISs and CNSI's eCAMS platforms. As a COTS product, eMIPP does not need any requirements validation, design, or development activity to be implemented for HFS. The eMIPP package, as implemented for MDCH, is the product to be configured for HFS. CNSI will collaborate with the State to configure existing options within the eMIPP product to meet HFS requirements.

Appendix A describes the eMIPP product and its core functionality planned for implementation in this statement of work.

1.1 Regulatory and Business Drivers for Change

From the upgrade to the International Classification of Diseases, Tenth Revision (ICD-10), to information exchanges using EHR technology, the United States' healthcare system is transforming in an effort to improve quality, safety, and efficiency of care. To facilitate this vision, the HITECH Act established programs under Medicare and Medicaid to provide incentive payments for the MU of certified EHR technology. The Medicare and Medicaid EHR incentive programs will provide incentive payments to EPs and EEs as they AIU or demonstrate MU of certified EHR technology. These incentive programs are designed to support providers in this period of health IT transition.

The EHR MIPP is a 10-year program that provides incentive payments for up to 6 years to EPs and 4 years for EEs. In addition to limiting EPs and EEs to specific provider types or service settings, a number of additional qualifications must be met. Most providers are required to serve a minimum threshold of Medicaid beneficiaries in their practices. They must AIU their EHR capability using "certified" technology.

For Participating Years 2 through 6 of the program, all providers must demonstrate MU of their certified EHR technology to qualify for the incentive payments. The federal MIPP schedule includes incorporating a set of Stage 1 MU indices to be demonstrated in Program Year 2. Stage 1 MU requires reporting or demonstrating 24 or 25 indicators of MU using certified EHR technology. Stage 2 MU revises many MU objectives and adds six new objectives while dropping a similar number. Clinical quality measures in Stages 1 and 2 are similar. However, providers must report on significantly more measures in Stage 2. Stage 3 MU measures are currently in draft form. CMS intends to expand the demonstration of MU. Stage 2 and Stage 3 MU will be required to qualify for payments in Participating Years 4 through 6 of the program.

CNSI
Illinois eMIPP Implementation Statement of Work

Through the implementation of eMIPP, Illinois HFS will have the opportunity to support the exchange of health information between various health information organizations (HIOs) and health information exchanges (HIEs). CNSI's eMIPP solution can be extended to include MU functionality and data collection, providing HIE capabilities within an MMIS. CNSI can adapt the current MIPP solution for future years and build the related HIE interfaces providing a multifunctional set of EHR capabilities that can be used for many applications.

1.1.1 EP Incentive Payments

To qualify for Medicaid incentive payments, Medicaid EPs must AIU certified EHR technology in their first participating year while meeting other qualifying standards. For calendar years 2011 to 2021, participants are eligible for up to \$63,750 in incentive payments. EPs must begin the program no later than calendar year 2016. They may fail to qualify one year then qualify another year for a total of six participating years.

Incentive payments are made by State Medicaid agencies with 100 percent federal financial participation. Table 1 models the Medicaid EHR incentive payments an EP can receive by year and the total incentive payments possible if an EP successfully qualifies for an incentive payment each year. The initial payment is set to represent 85 percent of the maximum allowable cost to AIU the certified EHR technology. Year 2 through 6 payments are set to represent 85 percent of the maximum allowable cost of maintaining and using the certified EHR technology.

Table 1. EP Maximum Medicaid EHR Incentive Payments by Participating Year

Medicaid EPs Who Adopted In						
Year	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500

Medicaid EPs Who Adopted In						
Year	2011	2012	2013	2014	2015	2016
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

1.1.2 EH Incentive Payments

For qualifying EHs, payments are calculated based on a formula in the enabling legislation. Maximum payment amounts are hospital-specific based on the hospital's size in terms of expected charges and number of Medicaid patients cared for at that hospital. The State will determine the total eligible amount for each EH. Payments will be spread over no less than three years, based on fiscal year participation.

1.2 CNSI Capabilities

CNSI's approach will build upon its extensive knowledge derived from previous and ongoing implementations of eMIPP for the states of Michigan, Washington, Maryland, and Louisiana. As system developers and integrators, CNSI aligns its clients' business processes and information systems to allow them to access the right information at the right time, enabling the achievement of their desired business results and creating enterprise value. CNSI has extensive technological experience in the industry and flexible tools and methodologies to deliver quality results on time and within budget. CNSI completes jobs for clients by delivering on commitments with speed and purpose in accordance with the client's specifications and expectations.

In implementing eMIPP for the State of Illinois, CNSI will collaborate with the Michigan and Illinois' business and technical personnel, and provide an experienced team of Medicaid subject matter experts (SMEs), who have the technical, business, and project management expertise to support this endeavor.

CNSI's experience working on prior Medicaid health IT initiatives has led to incorporating the following factors in developing this statement of work:

- **CNSI's capability to conduct complex analysis of Medicaid system requirements**

CNSI project teams have a wealth of experience with multiple Medicaid programs which allow them to efficiently conduct the data-gathering and analysis activities for this initiative. Architects and SMEs who have performed previous eMIPP implementations are among the team members involved in this effort. CNSI has proven its ability to integrate eMIPP with existing MMIS functionality.

- **CNSI's prior successful implementations of the eMIPP product**

During the implementation of Year 1 and Year 2 of the program, CNSI successfully partnered with the states of Michigan and Washington to implement the program requirements of the federally funded EHR MIPP. Michigan and Washington both operate their current Medicaid enterprises using CNSI's proprietary eCAMS platform as the core application. Their systems have been configured based upon the customizable options provided during their respective implementations. In addition, the eMIPP solution is deployed in the State of Maryland where it is

integrated with a legacy MMIS. CNSI is also implementing eMIPP in the State of Louisiana, initially integrating it with a legacy MMIS before its eventual migration to the eCAMS platform.

1.3 Proposed Project Organization

CNSI believes that this statement of work represents the best possible combination of architecture, technology, support, and experience to complete this project. The proposed team members are each the best possible candidates of their respective disciplines. The underlying logic behind identifying each member of this group is that:

- They share the same philosophical approach for undertaking this project – **the customer comes first.**
- They understand the values that each member brings to successfully implementing the project.
- They are committed to understanding and incorporating the State’s requirements.
- They understand the necessary advanced technologies, business needs, and operational issues.

CNSI’s primary objective is the successful implementation and completion of the project. It is confident in its team’s ability to achieve that goal. CNSI has assembled a team with the best combination of technology, support, project implementation skills, experience, and expertise. Its team is fully dedicated to the eMIPP implementation initiative. However, an effective project management plan cannot work with participation only by CNSI. As the customer, HFS is the most important member of the project team.

The customer must be actively engaged in the process at all levels. Implementation is only as good as the partnership established and maintained between all involved parties. This includes, first and foremost, HFS’ project team.

The project’s success depends on the full and active participation of the HFS’ designated staff members from the initial planning, product configuration, testing, and user acceptance testing (UAT) activities through the final implementation.

Section 2: Project Management, Methodology, Tools, and Technical Approach

This section presents CNSI's project management and technical approaches, methodology, tools, and phased work plan for accomplishing all activities required for the eMIPP implementation. This section describes the scope of activities to be addressed throughout the project, from the initiation phase to final implementation, and the techniques and methodologies CNSI's project team will use. The goal of this section is to demonstrate that CNSI understands the project's requirements.

Each of the following subsections will contain a high-level description of the two phased approach for this project. For each phase, the major activities and anticipated deliverables are presented followed by a high-level description of the major milestones and approximate timelines.

2.1 Project Management Approach

The project's successful implementation relies on the framework and environment provided by project and quality management. Figure 1 shows CNSI's project and quality management framework and how the related activities interact with project tasks.

CNSI
 Illinois eMIPP Implementation Statement of Work

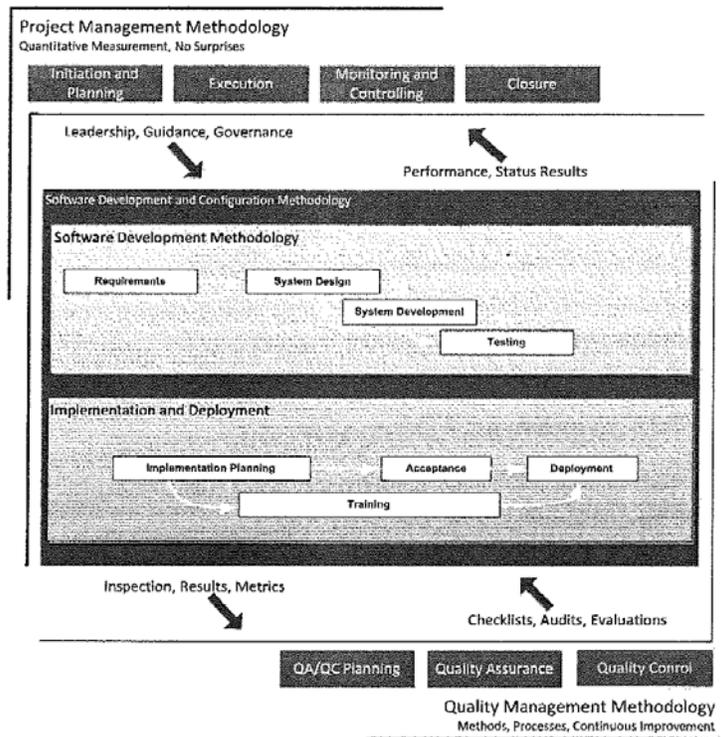


Figure 1. CNSI's Project Management and Quality Management Framework

Although all projects are unique, they share common components and processes. The generally accepted process groups defined by the *Project Management Body of Knowledge (PMBOK)*, as incorporated into the CNSI project management process, are:

- **Initiating:** This process group defines the project objectives and grants authority to proceed. For CNSI, the initiating processes are largely incorporated into the proposal development process, during which required partners are identified. The request for proposal (RFP) acts as a project charter and the proposal itself is the preliminary scope statement.
- **Planning:** This process group refines the project objectives and scope and plans the tasks, activities, and steps necessary to meet the project's objectives. The planning processes start during proposal development and proceed following contract award while CNSI works with the MaaS Project Control Office (PCO) to establish and baseline the project management plan (PMP). The PMP is modified and updated as necessary over the course of the project and is the culmination of the planning processes for scope definition and management, time (scheduling), staffing (human resources), communications, and risk management.
- **Executing:** This process group puts the project's plans into motion. This is where the bulk of the work for the project is performed.

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- **Monitoring and Controlling:** This process group measures the performance of the project's executing activities and reports these performance results to project managers and stakeholders. Output is used to refine, improve, and/or change project management (including plans and schedules) as necessary to meet the project's objectives.
- **Closing:** This process group documents the formal acceptance and approval of the project's product and brings all aspects of the project to a close.

CNSI is confident it has the correct methodology and project framework in place to successfully complete the eMIPP implementation. CNSI continually improves its project management processes using lessons learned from previous projects and through the proficiency and continuous education of its program and project managers, senior technical and engineering staff, and senior and corporate management. This ensures a number of advantages:

- The project management philosophy is firmly entrenched within the entire project team, including MDCH, DTMB, HFS, and CNSI.
- Project management is a core competency.
- The project staff is focused on successfully implementing the project.
- Project management, quality management, and cost management processes are fully integrated and their infrastructure is in place.
- Effective project status reporting is established throughout the project life cycle.
- Project and software development methodologies are well documented.
- Project information is communicated continuously to the right people at the right time.
- The project is continuously monitored against performance.
- Excellence in quality and delivery are built in.
- Deliverable review and approval processes are in place.

Through developing the PMP, CNSI expects to collaborate with the HFS, MDCH, and DTMB project management teams and the MaaS PCO to further customize CNSI's project management system to successfully complete the project.

2.2 Project Methodology

CNSI's holistic approach for this project will use its proven methodology as the overarching framework and bring an experienced team of program managers, SMEs, technical experts, and change management resources to support this effort.

The project methodology is a framework that facilitates the integration of CNSI's extensive system experience, which is rooted in application implementations, methodologies, and delivery tools. This framework allows CNSI to deliver services to its clients consistently across its footprint and gather continued enhancements for its supporting methodology, thereby providing continued value for its clients.

CNSI's methodology is an integrated methodology that combines its best delivery assets. The methodology:

- Provides a scalable, integrated collection of assets.
- Provides a consistent level of detail and presentation.

