Provider Type	Fiscal/Calendar Year	Participating Year	MU Stage	MU Reporting Period
EP	2014	4	MU Stage 2	90 Days
EP	Not 2014	4 or 5	MU Stage 2	365 Days
EP	Any	6	MU Stage 3 (Proposed)	365

7. The provider validates the data sent by CMS.
8. The provider enters EHR certification and qualifying eligible encounter data in at least one of the eight possible qualifying scenarios.

Below, Figure 6 shows the EP eligible encounter screen. In this case the provider's practice is at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC). The provider enters encounters as directed.

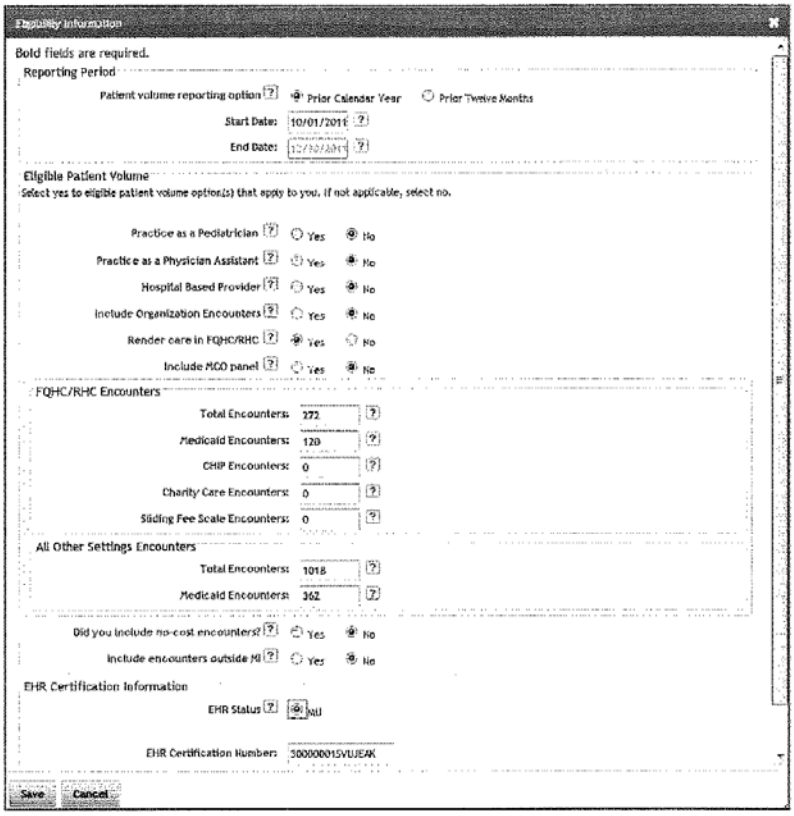

Figure 6. EP Eligible Encounters

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If required, the provider enters MU information, either directly using the eMIPP user interface or by completing a downloaded PDF form designed for providers to enter the information off line, then upload directly into eMIPP. eMIPP then transfers the uploaded information and allows the user to view and edit the MU information through the user interface.

Below, Figure 7 displays the EP MU–Overview screen. The provider enters the MU reporting period, locations with certified EHR technology, and chooses the method to submit their MU information.

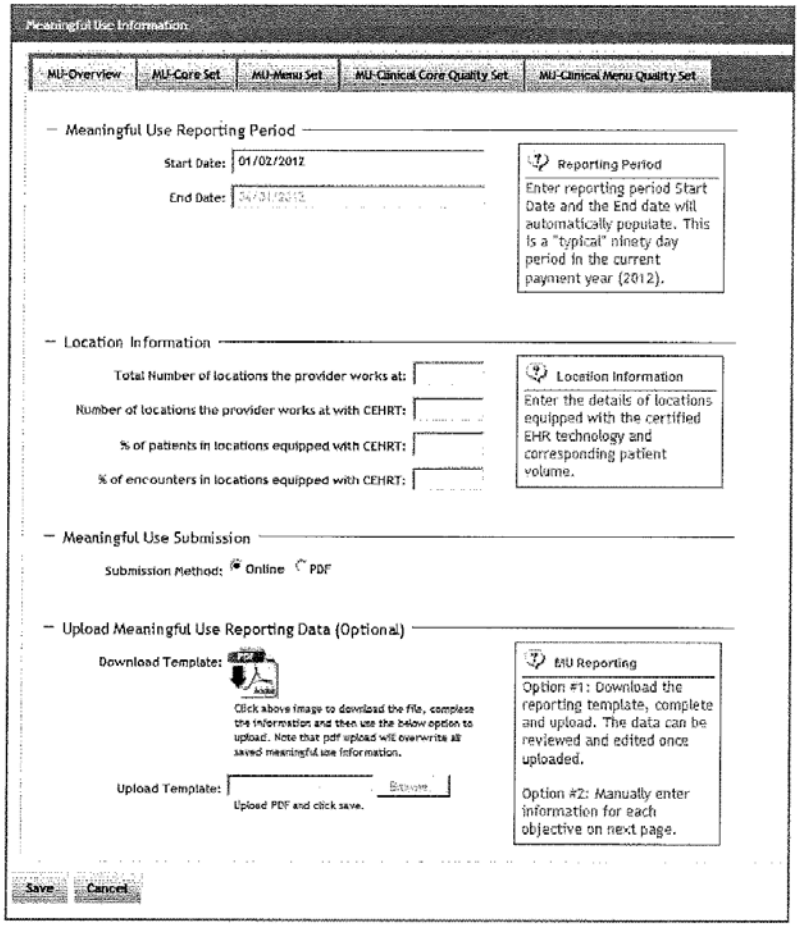

Figure 7. Eligible Provider MU Overview

9. Before submitting the registration for State review, the provider may save and edit any information they have entered.
10. Lastly, the provider electronically signs an attestation of their information and submits the registration for State review.

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eMIPP reviews the application for completeness. eMIPP will not allow the registration to be submitted until all required information is provided. The provider may return at any time to view their registration information and the registration's review and payment status using eMIPP's provider workflow tracking functionality.

Registration Adjudication

eMIPP provides a workflow process for the State user to review and determine each provider's eligibility. This process is described below.

Below, Figure 8 shows the State "Approver" work flow and Review and Approval pop-up.

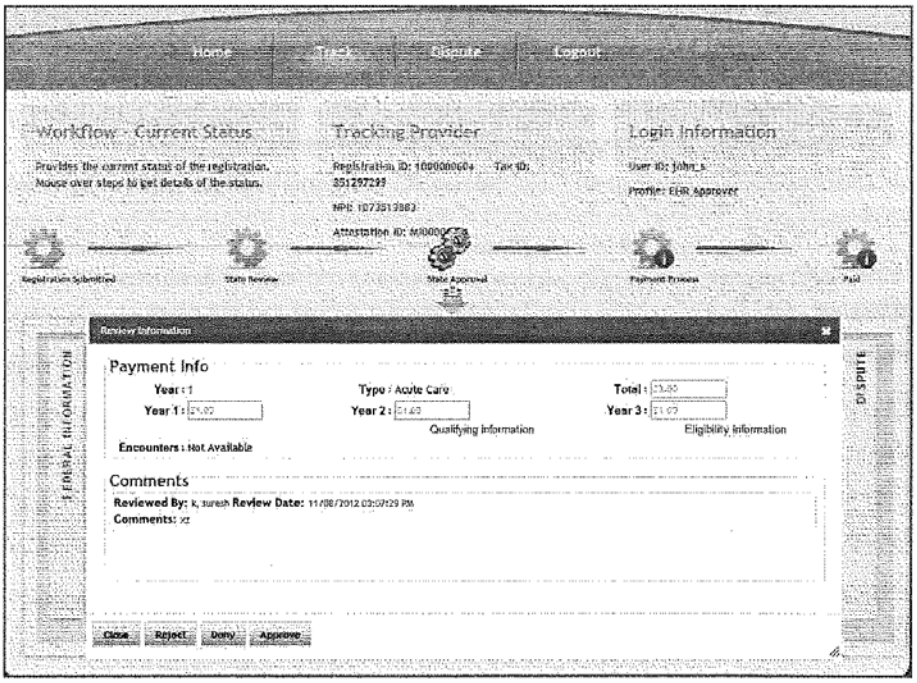

Figure 8. State "Approver" Workflow

1. When the provider submits the registration for review, eMIPP calculates every possible eligible encounter combination selected by the provider and presents the "best" eligible encounter combination on the State's review screens. This information is color-coded.

a. If the reported eligible encounters are above the required eligible encounter threshold, eMIPP reports the result in green.

b. If the reported eligible encounters are less than the required eligible encounter threshold, eMIPP reports the result in red.

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2. Detailed and summarized MU information is presented and is also color-coded. The State user is shown all requirements and reported results. The State user can accept or override eMIPP's eligibility recommendation.
3. eMIPP was designed with a two-step adjudication process. After a reviewer makes an initial assessment, the registration can be submitted for final approval, rejected and returned to the provider for revision, or denied. Approvers may approve, reject, or deny the registration.
4. When the State user makes a final eligibility determination, eMIPP sends an email to the provider and automatically sends the eligibility to CMS via the daily B-7 interface file.

MU Measures

CNSI has developed EHR MU consistent with CMS guidelines and the two final rules issued by CMS. The criteria for MU are staged in three steps over the course of five years. Stage 1 (2012 forward) sets the baseline for electronic data-capture and information-sharing. CMS will develop Stage 2 (2014 forward) and Stage 3 (planned for implementation in 2016) to expand this baseline.

eMIPP allows providers to report all MU objectives and clinical quality measures (CQMs) via the web within the application. Providers can download PDF files and enter the information offline, then upload and have the information displayed in the application. State users are given access to all reported MU data and are provided summary screens with color-coded compliance indicators. In future years, MU objectives and CQM measures can be submitted electronically at the State's discretion.

Below, Figure 9 displays the State MU Summary page with color coding indicating compliance.

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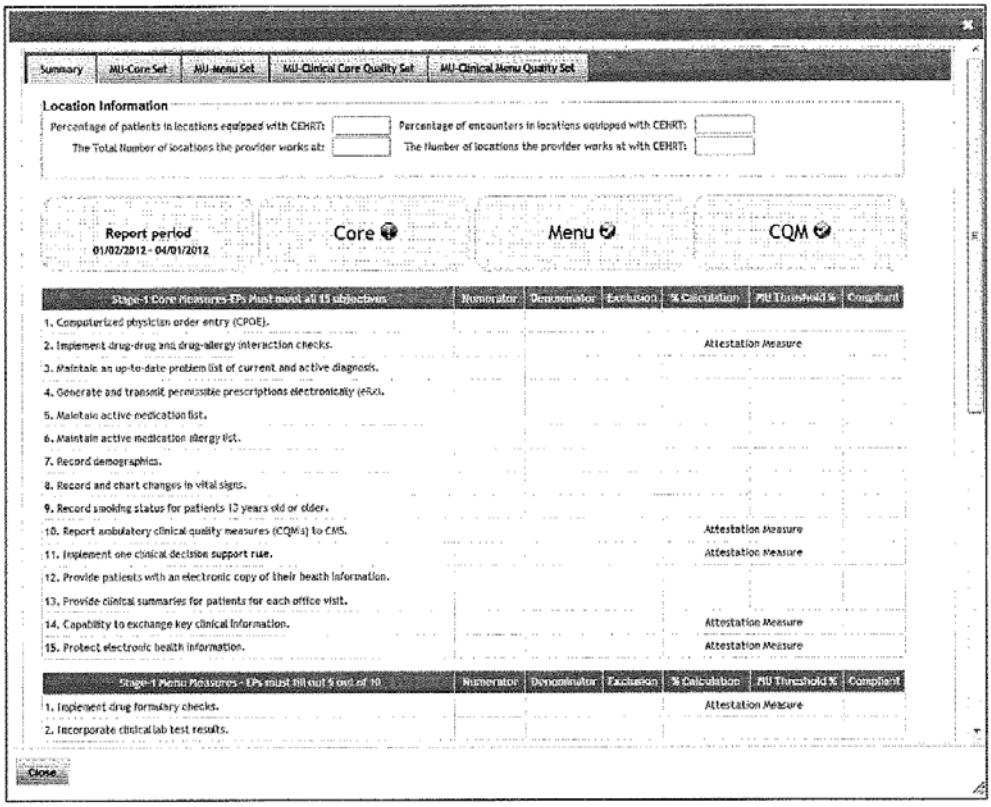

Figure 9. State MU Summary

Stage 1 MU, prior to Stage 2 rule revisions, are as follows:

- For EPs, there are a total of 25 MU objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met, including:
  - 15 required core objectives.
  - 5 (out of 10) menu set objectives.
- For EHs, there are a total of 24 MU objectives. To qualify for an incentive payment, 19 of these 24 objectives must be met, including:
  - 14 required core objectives.
  - 5 (out of 10) menu set objectives.

Below, Figure 10 shows MU Core objectives with one objective open to edit or view, each objective is color coded to indicate whether the objective is compliant.

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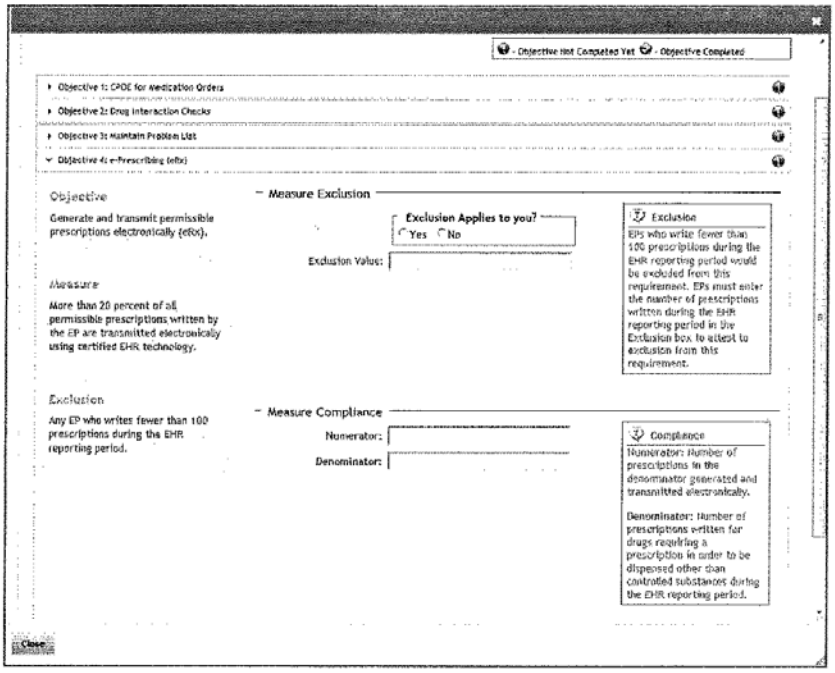

Figure 10. MU Core Objectives

In addition to the MU objectives, providers are required to provide CQM data.

- EPs must report on 6 (out of 44) CQMs.
- EHs must report on all 15 CQMs.

Stage 2 MU, beginning Program Year 2014, will introduce new MU objectives. Most of these objectives are menu objectives. As with the previous stage, many of the Stage 2 MU objectives have exclusions that allow providers to achieve MU without meeting objectives outside their normal scope of clinical practice.

- EPs must respond to 20 (out of 23) MU objectives, including:
  - 17 required core objectives.
  - 3 (out of 6) menu objectives.
- EHs must respond to 19 (out of 22) MU objectives, including:
  - 16 required core objectives.
  - 3 (out of 6) menu objectives.

In addition to the MU objectives, Stage 2 MU providers are required to provide CQM data.

- EPs must report on 9 (out of 64) CQMs.
- EHs must report on 16 (out of 29) CQMs.

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- Both EPs and EHs must select CQMs from at least 3 of the 6 key healthcare policy domains recommended by the Department of Health and Human Services' (HHS') National Quality Strategy.

Authorize Provider Incentive Payment Functionality

The Authorize Provider Incentive Payment functionality allows authorized State users to approve incentive payments. For EPs, the incentive amount is predetermined based on the provider's participating year. For EHs, the user enters all payments in Participating Year 1. eMIPP then selects the payment for each participating year. eMIPP allows State users to make payment adjustments, subject to payment limits, including already paid amounts.

eMIPP automatically requests federal duplicate payment checks, and, upon CMS-approval, eMIPP automatically creates a payment and sends all required payment information to the MMIS' payment system. When eCAMS is deployed, eMIPP will automatically create gross adjustments for all incentive payments, adjustments, and recoupments.

If a duplicate payment is reported by CMS, eMIPP will automatically deny the provider's registration, report the denial back to CMS, and notify State users via email.

CMS Interface Services

These services facilitate the required data exchanges with CMS and ONC. There are seven interfaces defined at this time:

- **B-6 CMS to State Interface** to notify State of EP and EH registration and approval with the CMS.
- **B-7 State to CMS Interface** to notify CMS of State registration eligibility determination.
- **D-16 Payment** (bi-directional):
  - To interface from State to CMS requesting confirmation that no other State has made a payment for this provider for this payment year.
  - To interface from CMS to State confirming that no other State has made a payment for this provider for this payment year.
- **D-17 CMS to State Interface** to provide State with Medicare hospital cost report information for each dually eligible EH.
- **C-5 CMS to State Interface** to provide State with Medicare hospital MU attestation information for each dually (Medicare and Medicaid) participating EH.
- **D-18 Payment Confirmation From State to CMS Interface** notifying CMS of payment details.

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Authentication Services

The eMIPP product will be integrated with current Lightweight Directory Access Protocol (LDAP)/Single Sign On (SSO) systems to authenticate providers and State users that can work on EHR MIPP registrations in Illinois.

Document Management

The eMIPP product allows all users to store documents within the module. State users can access provider and State user documents. Providers can only access documents they have uploaded. All documents must be described when they are uploaded. Documents are organized by their program, calendar, or fiscal year.

Dispute Resolution

The eMIPP product allows providers to enter informal disputes to question decisions or other actions. In turn, State users can communicate with providers within the dispute module. Providers can enter a dispute at any time and multiple disputes are allowed.

Below, Figure 11 shows the Provider's view when creating a dispute.

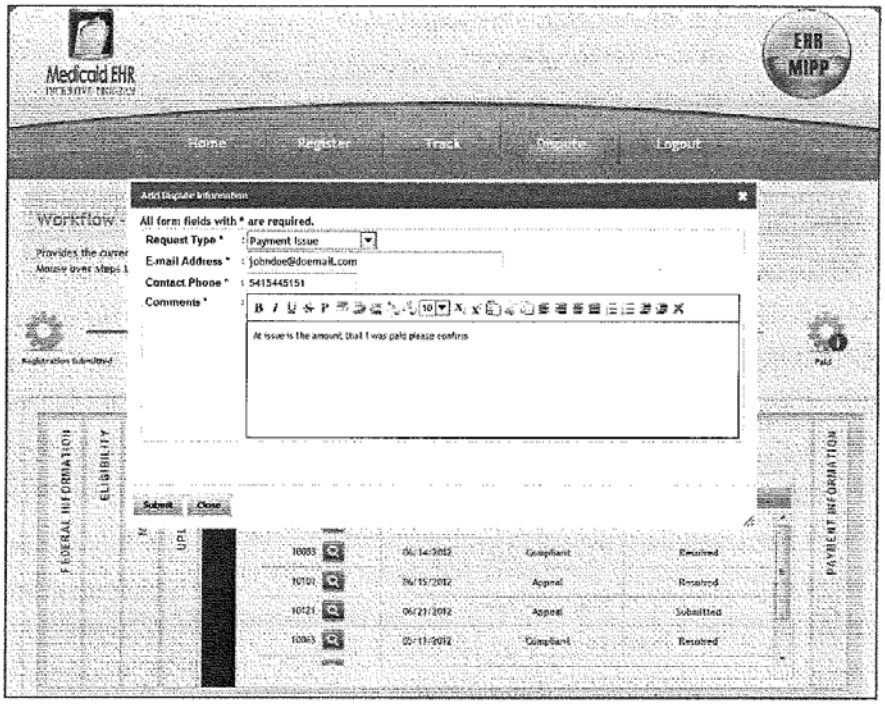

Figure 11. Provider Dispute Creation

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Michigan as a Service Implementation Assessment Statement of Work

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June 11, 2013

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Section 1: Introduction

The Michigan Department of Community Health (MDCH) is a recognized leader in advancing technology to support the business of Medicaid. Recent examples of MDCH's leadership include the implementation of the Community Health Automated Medicaid Processing System (CHAMPS), a state-of-the-art Medicaid management information system (MMIS) certified by the Centers for Medicare & Medicaid Services (CMS) and the Electronic Health Record (EHR) Medicaid Incentive Payment Program (eMIPP) system developed and implemented as the first of its kind in the nation.

This Michigan as a Service (MaaS) implementation endeavor initiates a ground-breaking change in the way MMISs are developed, implemented, and delivered. MDCH has reached an agreement to provide services to the State of Illinois Healthcare and Family Services (HFS) by delivering the CHAMPS system through the cloud-based MaaS initiative. No other Medicaid program in the nation has attempted this type of service-based collaboration.

Providing CHAMPS as a cloud-based application will require careful analysis of the functional, technical, architectural, and data differences between the two States. Thorough assessment for the MaaS implementation is the subject of this Statement of Work. The results of the assessment will provide a foundation for the full implementation of MaaS for the State of Illinois. The Service Implementation Assessment (SIA) will be conducted in three phases and will employ three concurrent activity tracks over a period of nine months.

CHAMPS is the baseline solution for MaaS. CNSI developed the CHAMPS foundation software, the Electronic Claims Administrative Management System (eCAMS). eCAMS is a set of tightly coupled subsystems and a set of loosely coupled commercial off-the-shelf software (COTS) products. A thorough knowledge of both eCAMS and CHAMPS is required to undertake and successfully complete this SIA. The success or failure of the SIA engagement is dependent on the seamless understanding of CHAMPS, eCAMS and the impact its components have on each other.

The three assessment tracks will produce:

- **Functional Assessment** – This will identify all functional fits and gaps between CHAMPS and the MaaS operation. Gaps may exist on either side and will be evaluated and remediated during the subsequent MaaS implementation project.
- **Technical Architecture Assessment** – CNSI, along with DTMB where appropriate, will perform a detailed technical analysis to architect the appropriate cloud solution that meets the functional needs of Michigan and Illinois while providing a scalable platform for future growth. The recommended technical architecture solution will meet all applicable State of Michigan standards.
- **Infrastructure and Operations Assessment** – CNSI, in partnership with DTMB, will build an Infrastructure and Operations Approach which identifies the key components of the infrastructure required for the cloud solution, and lays out a path for bringing the solution to an operational state. The recommended infrastructure and operations solution will meet all applicable State of Michigan standards.

The overarching goal of the collaboration between Michigan and Illinois is to reuse and apply the MDCH way of doing business to the Illinois Medicaid Program. Therefore, the SIA will focus on the statutory

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and programmatic differences that will require modification of the base CHAMPS system in order to accommodate the work done by both States' Medicaid programs.

1.1 Regulatory and Business Drivers for Change

MDCH will operate CHAMPS for HFS using the MDCH CHAMPS application software-base with separation of the underlying data. This will position MDCH to offer CHAMPS as a service to other state Medicaid programs. This approach will greatly reduce the time and cost of the MaaS implementation for HFS. This is the essence of the cloud model. The successful implementation of MDCH's MMIS in the cloud model positions the State to consider operating CHAMPS as a service to other states.

The SIA positions both Michigan and Illinois to implement the MaaS solution, which fully embraces the leverage conditions described in CMS's Enhanced Funding Requirements: Seven Conditions and Standards[1]. The leverage conditions described in this CMS document emphasize:

- **Multi-state efforts** that are developed with the participation and contribution of more than one state. In this case, the solution pioneered by MDCH will be leveraged to support the needs of HFS and potentially other states in the future.
- **Availability for reuse** of components and solutions that can be reused by other states. In this case, the software application and business rules are components that will be reused by HFS.
- **Identification of open source, cloud-based, and commercial products** is proposed as a future state to be considered in the planning process. This effort positions MDCH and HFS to move forward with the MaaS cloud-based solution in the subsequent MaaS implementation project.
- **Customization** is noted as a consideration in the context of transfer solutions. MDCH is going far beyond the concept of a transfer solution. The SIA effort will identify the extent to which customization may need to be considered. Because of the architecture of CHAMPS "customization" will be largely a function of configuration. Using the results of the assessment, MDCH will be able to evaluate and minimize changes through collaboration with HFS on a common application platform.
- **Transition and retirement plans** are noted in terms of reducing or eliminating duplicative systems. Through this multi-state collaboration, there is the potential to consolidate some technological components where the system requirements are fully met in the cloud-based MaaS solution.

With the successful completion of this service assessment, MDCH will have the necessary information to proceed with MaaS implementation.

1.2 CNSI Capabilities

CNSI's approach to conducting this project is based on its extensive knowledge of CHAMPS design, implementation, and operation since the system became operational. As system developers and integrators, CNSI aligns its clients' business processes and information systems to allow them to access

[1] (Centers for Medicare & Medicaid Services 2011)

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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 its clients by delivering on its promises with speed and purpose in accordance with client specifications and expectations.

For the MaaS SIA, CNSI will use its business, technical, and operational knowledge of the MDCH Medicaid program, CHAMPS system capabilities, and other state Medicaid programs to identify the differences between Michigan and Illinois. CNSI is uniquely positioned to perform the SIA. As the development and support organization for CHAMPS, only CNSI has the business and functional knowledge to develop a thorough analysis of the differences between MDCH and HFS and identify areas where the current implementation of CHAMPS will not fully meet the requirements of both states. In collaboration with the MDCH and DTMB, CNSI will apply its technical and architectural knowledge to develop a cloud-based service strategy that will fully support both MDCH and HFS as tenants on a single codebase. CNSI will apply its knowledge of MDCH's infrastructure and operational capabilities to develop the necessary plans to provide the foundation for the subsequent remediation and implementation in the MaaS project.

CNSI brings an experienced team of Medicaid and CHAMPS subject matter experts (SMEs), technical and architectural experts, and project management expertise to support this endeavor in the method CNSI has used in its previous efforts for MDCH. CNSI's experience working with MDCH has led it to incorporate the following factors in developing this statement of work:

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

  CHAMPS is a multifunctional MMIS-certified information system compliant with all federal mandates that integrates all Medicaid activities into one complete system. As such, the existing CHAMPS application (designed, developed and implemented by CNSI) is the baseline from which HFS' differences must be assessed. CNSI is positioned to take advantage of the extensive knowledge accumulated during the CHAMPS implementation, HIPAA 5010 migration, ICD-10 assessment project, ICD-10 remediation project, and its MMIS implementations in other states, and strategically apply it to the MaaS SIA.

- **CNSI's capability to identify major issues and constraints associated with CHAMPS and potential HFS remediation needs**

  The prompt identification of major issues and constraints are an essential component to a project of this scope, and are particularly important in the functional gap analysis work needed in a project of this nature. CNSI's extensive knowledge of MDCH's current application architecture, infrastructure, and operations will allow it to quickly identify major issues and constraints affecting the assessment activity. By devoting careful attention to identifying and resolving issues that affect the timely completion of this assessment, CNSI will be able to focus on the ground-breaking task of positioning the State of Michigan to operate CHAMPS as a service.

- **CNSI's sensitivity to the State of Michigan's needs and constraints**

  CNSI is uniquely qualified to remain sensitive to the states' needs in determining the material differences between MDCH's and HFS' Medicaid programs. Because of its multi-year history of

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collaboration with MDCH and understanding of CHAMPS, CNSI can provide business and technical expertise in presenting system capabilities to HFS while allowing MDCH SMEs to participate strategically during the review and validation processes. CNSI understands that MDCH, DTMB, and HFS staff members are involved in multiple implementation efforts in addition to their regular production workload. It is critical to the success of the project that MDCH, DTMB, and HFS staff members are involved at the right time and in the right context. Using its knowledge of the system, the CNSI team will be able to minimize MDCH travel and in-person meeting attendance to those sessions most critical to the successful completion of the assessment.

- **CNSI's technical leadership to support MDCH's vision**

  Through CNSI's collaboration with the equally forward-thinking State of Michigan leadership, the partnership has achieved milestones that moved the Medicaid business to a modern state. The partnership continued to drive innovation through the implementation of eMIPP, HealthBeat, and myHealthButton. Introducing CHAMPS as a cloud-based service through the MaaS implementation is the next step to transform Medicaid from a single-state model to a cutting-edge, multi-state operation.

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 identifying the key differences in system needs between the two states.
- They understand the business needs, operational issues, and advanced technologies necessary to support the MDCH-HFS alliance.

CNSI's primary objective is the successful completion of the assessment and the identification of essential functional differences and high-level technical, operational, and infrastructure needs. CNSI is confident in its team's ability to achieve that goal. CNSI has assembled a team with the best combination of business, technical, operational, and project implementation experience, and expertise. CNSI's team is fully dedicated to this service assessment initiative.

However, HFS and MDCH staffs are the most important members of the project team. An effective project management plan cannot work with participation only by CNSI. 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 and MDCH's project teams.

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The project's success depends on the full and active participation of HFS' designated staff members throughout the assessment effort. MDCH staff members are essential to providing clarity regarding system usage from a business perspective and to identify true differences between the systems used in both States.

Figure 1 shows the CNSI organization supporting the SIA.

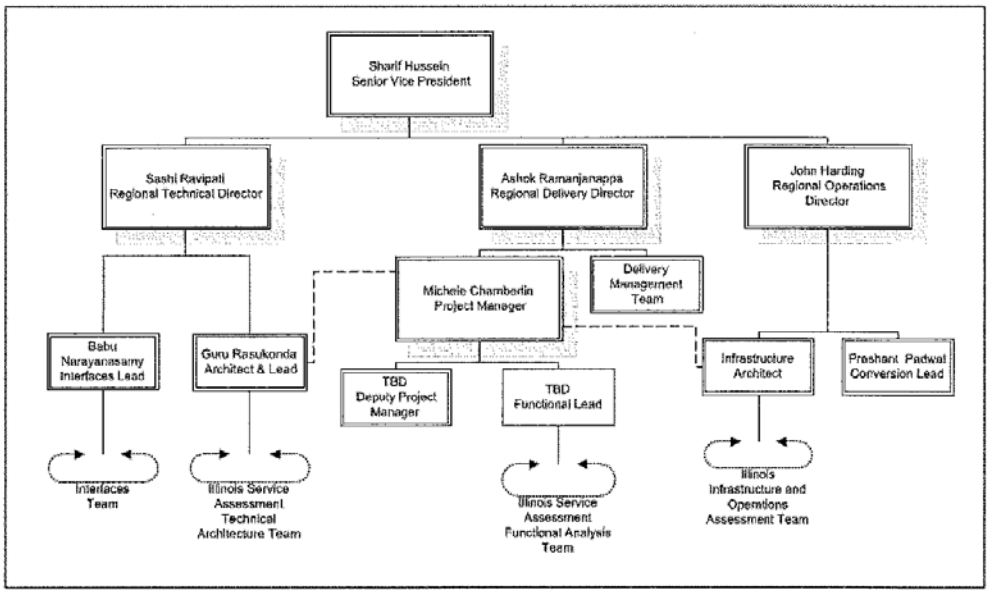

Figure 1. MaaS Service Implementation Assessment Organization Chart

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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 tasks required for the Service Implementation Assessment. This section describes the scope of activities to be addressed throughout the project, from the initiation phase to the delivery of the final assessment reports. The goal of this section is to demonstrate that CNSI understands how to derive the functional system gaps and develop the technical architecture plan and infrastructure and operations plan.

Each of the following subsections will contain a high-level description of the three phases we will use throughout the assessment. For each phase, the major activities and anticipated deliverables are presented. This is followed by a high-level description of the major milestones and approximate timelines.

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2.1 Project Management Approach

The project's successful implementation relies on the framework and environment provided by project and quality management. Figure 2 shows CNSI's project and quality management framework in the context of this assessment and how the related activities interact with other project tasks.

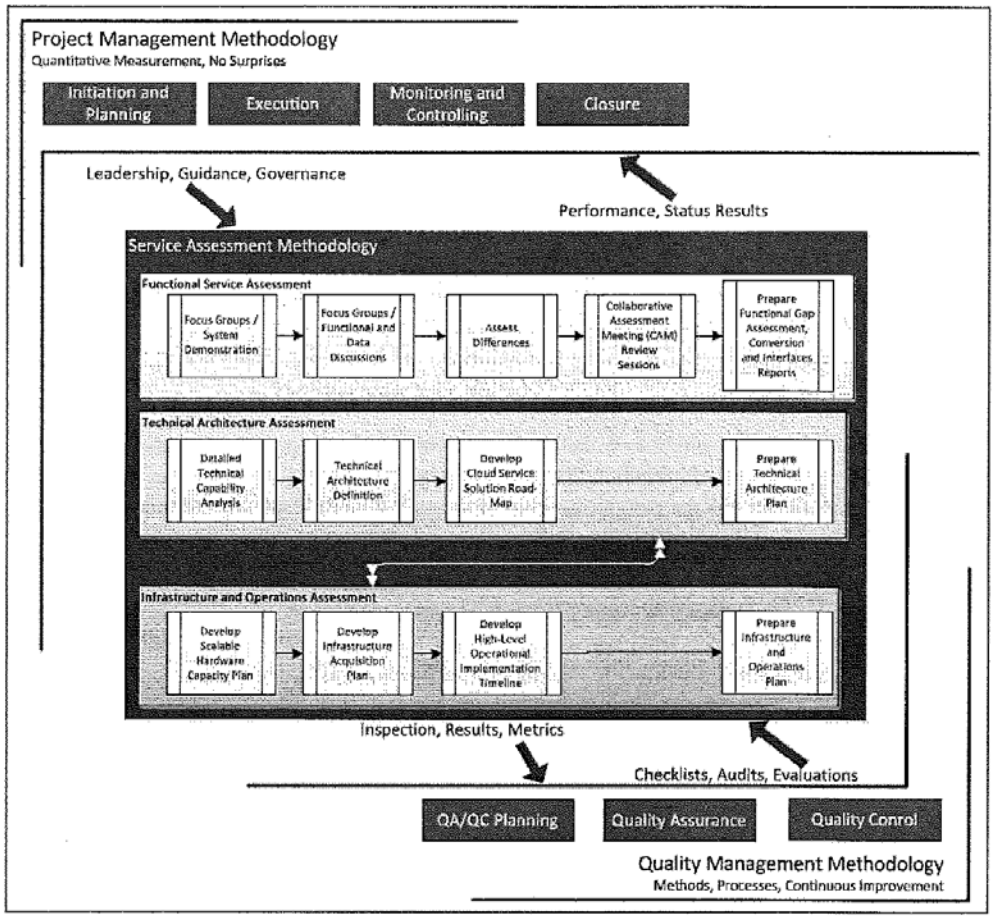

Figure 2. CNSI's Project Management and Quality Management Framework

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:

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- **Initiating:** This process group defines the project's objectives and grants authority to proceed. For CNSI, the initiating processes are largely incorporated into the statement of work development process, during which required partners are identified.
- **Planning:** This process group refines the project's objectives and scope and plans the tasks, activities, and steps necessary to meet these objectives. The planning processes start during Statement of Work development. Upon engagement approval CNSI works with the customer 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.
- **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 MaaS SIA. 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 CNSI and MDCH.
- 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 methodologies are well documented.
- Project methodologies are flexible and easily adapted to the specific needs of the project.
- Project staff members are provided with comprehensive training.
- 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.

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- Deliverable review and approval processes are in place.

Through development of the PMP, CNSI expects to collaborate with the Michigan-Illinois Alliance Project Control Office 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.
- Supports tailoring to scale, which provides a unique, but consistent, cost-effective delivery approach for MDCH and HFS.

CNSI's methodology provides a consistent and flexible approach to address the following:

- The **Manage** work approach provides a single, consistent approach to managing CNSI's engagements. Within the Manage Approach is the Quality Management sub-work activity, which verifies that deliverables and processes meet requirements. The Quality Management activity also supports continuous process improvement for MDCH and HFS, as well as the methodology.
- The **Life Cycle** work approach addresses unique expertise while providing overall integration across the full MaaS SIA life cycle.

CNSI's methodology has the flexibility to be adapted to meet MDCH and HFS's unique requirements while confirming that CNSI's experienced staff members follow established practices.

While no two engagements are the same, the customer expects CNSI to deliver in a consistent, systematic approach. The proposed project methodology incorporates CNSI's staff's delivery experience with CHAMPS into a single, integrated approach. It provides the structure for integrating CNSI's capabilities while allowing individual project teams the flexibility to use client-mandated tools. The right assembly of technologies, techniques, and deliverable processes requires the specific experience and expertise found with CNSI's staff.

Investing time to create an effective plan with clear objectives is integral to effective project execution. CNSI's methodology provides a structured approach to the planning process. While this may appear to

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require more initial effort than desirable, experience has shown that following these processes reduces the likelihood of planning mistakes and results in lower risk and a more cost-effective and rapid delivery.

CNSI's methodology incorporates a consistent approach for identifying, tracking, and measuring the value derived from ongoing projects. CNSI's experiences developing and delivering various client projects are incorporated into the project strategy and planning activities.

In undertaking this project, CNSI will employ its Collaborative Assessment Methodology (CAM) tailored for the MaaS SIA initiative.

2.3 Project Management Tools

Tools, when properly applied within the methodology framework, will reduce the time to complete a project by providing predefined processes, templates, documents, and training materials. More importantly, use of the appropriate tools will help reduce risk and increase efficiency.

CNSI will continue to use the tools already proven effective during the previous undertakings to reduce the time to complete the project and mitigate risk.

Table 1 depicts the tools CNSI will utilize on this project.

Table 1. CNSI Project Tools

Tool	Purpose
Microsoft Visio	Use case diagrams, technical architecture diagrams, and support process flows.
Microsoft Office	Develop project deliverables as well as presentations and spreadsheet artifacts needed to support deliverables.
As-One	Repository for deliverables, presentations, and artifacts.

While Microsoft Visio and Microsoft Office are industry-standard tools, the following subsection provides additional information about As-One.

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2.3.2 As-One

Believing that continuous collaboration and information sharing are key factors to successful project execution, CNSI will use its web-based enterprise program management solution, As-One. As shown in Figure 3, As-One is designed to support team collaboration, knowledge management, and process improvement. As-One will provide a convenient repository for all program data, and will give MDCH and HFS oversight personnel direct visibility into project performance.

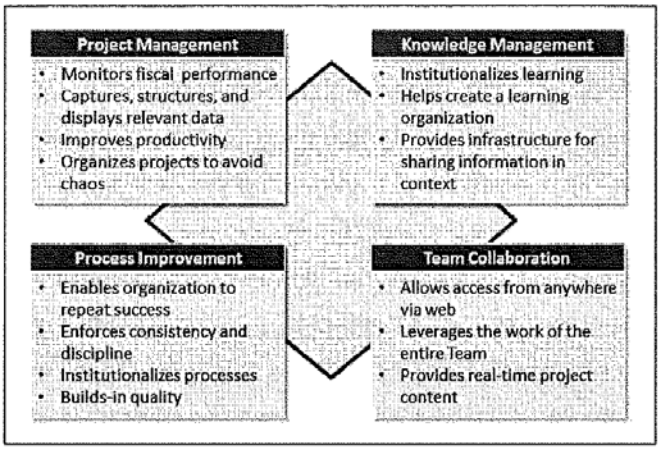

Figure 3. As-One Collaboration and Improvement Conceptual Model

As-One is an "out-of-the-box" solution that supports CNSI's program management philosophy: experienced people, managed processes, and enabling technology.

As-One will allow all authorized users to share real-time data specific to the user's authority and association. As-One is provided via a standard web browser. As-One has been widely used in previous MDCH projects. Training will be provided for team members new to the program.

2.4 MaaS Technical Architecture Approach

2.4.1Background

CHAMPS foundation is the eCAMS application which is a platform built on multi-tier architecture comprised of the Application, Middleware and Database layers. In addition there are various Commercial Off-The-Shelf (COTS) products that are integrated with the eCAMS platform to provide comprehensive Medicaid Claims Processing capabilities. The fully integrated application that is currently supported in Michigan is referred to as CHAMPS.

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