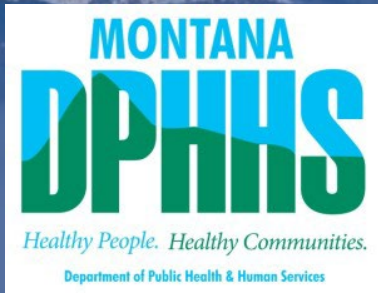


# DPHHS FY2025 Biennium HB10 Package

## Long-range Information Technology Program (LRITP)

February 1, 2023

2023 Health and Human Services Joint Appropriations Subcommittee



# DPHHS Budget Requests in HB10

The Department of Public Health and Human Services has submitted several FY2025 Biennium Long-Range Information Technology funding requests for the Human Services and Medicaid and Health Services practices.

To appropriately resource these large-scale projects, we have requested approximately **\$138.9M** in **capital project funding**; this includes **\$58M** in **state** funds and **\$80.7M** in **federal** funds.

Common themes across the Department’s HB 10 package are centered on the strategic pursuit of **legacy system replacements**, **adherence to federal regulations** and IT system certification rules and guidelines, and **leveraging modern tools and technologies to enhance and expand the delivery of public health and human services across Montana**.

<i>Fund Detail</i>					
	General Fund	State Special	Federal	LRIT	
	01100	02xxx	03xxx	05xxx	Total
<b>FY2025B HB10 Request</b>					
Montana Child Support Enforcement Automated System (SEARCHS)		\$ 6,304,200	\$ 20,803,860	\$ 4,412,940	\$ 31,521,000
Comprehensive Child Welfare Information System, CCWIS, Replacement			\$ 12,537,881	\$ 12,537,881	\$ 25,075,762
SNAP Employment and Training/Enterprise Solution Deployment			\$ 1,400,000	\$ 1,400,000	\$ 2,800,000
Electronic Benefits Transfer System Replacement			\$ 1,250,000	\$ 1,250,000	\$ 2,500,000
Electronic Health Records and Billing - State Facilities		\$ 2,321,690	\$ 285,614	\$ 25,000,000	\$ 27,607,304
*Montana Healthcare Programs Modularity Project - Medicaid Enterprise Systems			\$ 44,465,517	\$ 4,940,613	\$ 49,406,130
<b>Total</b>	\$ -	\$ 8,625,890	\$ 80,742,872	\$ 49,541,434	\$ 138,910,196
<b>*Montana Healthcare Programs Modularity Project Detail</b>					
	General Fund	State Special	Federal	LRIT	
<i>Electronic Visit Verification</i>			\$ 2,340,000	\$ 260,000	\$ 2,600,000
<i>Pharmacy Benefit Management System</i>			\$ 8,100,000	\$ 900,000	\$ 9,000,000
<i>Medicaid Enterprise Systems Integrator</i>			\$ 27,500,517	\$ 3,055,613	\$ 30,556,130
<i>Interoperability and Patient Access Integration</i>			\$ 3,150,000	\$ 350,000	\$ 3,500,000
<i>Interoperability and Patient Access - Mobile Engagement</i>			\$ 3,375,000	\$ 375,000	\$ 3,750,000
<b>Montana Healthcare Programs Modularity Project Total</b>			\$ 44,465,517	\$ 4,940,613	\$ 49,406,130

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# Human Services

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# Montana Child Support Enforcement Automated System (SEARCHS)

The requested \$31,521,000 will be used to completely replace the legacy child support recovery system

## Overview

The Child Support Services Division requests funding to replace their 20-year-old case management and recovery system based on modern technologies and meet federal requirements for system certification.

Once funding is secured, a full request for proposal will be issued to identify requirements and systematically plan and prepare for a full-scale system replacement.

## Problem Statement

- Montana's *Child Support Enforcement Automated System* has been operational since 1993; it is obsolete and costly to maintain.
- The transition from the State's mainframe to the mid-tier environment resulted in system volatility, disrupting the user environment, impacting services to parents and children, causing delays and errors in mandatory financial reports, and compromising the division's federal system certification.
- A loss of certification puts federal funding at risk for the entirety of program operations** (est. \$7.5M annually).

FUNDING DETAIL		COST	
General Fund	\$4,412,940	Personnel Services	\$521,000
State Special	\$6,304,200	Contracted Services	\$31,000,000
Federal Special	\$20,803,860	Other	\$0
<b>Total</b>	<b>\$31,521,000</b>	<b>Total</b>	<b>\$31,521,000</b>
<i>Estimated Minimum Annual Ongoing Cost: \$3,521,000</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 06/30/2026</i>	

## Benefits

- A modern system and user experience promotes:
- the effective and efficient delivery of child support services
  - the ability to automate, streamline, and optimize child support case management processes
  - enhanced customer services and child/family outcomes
  - increased employee engagement, productivity and morale
  - data-driven process and performance improvements to produce the best outcomes for children and families
  - the opportunity to expand client access to information through mobile-enabled tools for self-service

## Issues and Risk

- SEARCHS is unstable post-mid-tier conversion and system certification is at risk without a full system replacement
- There are more than 530 open maintenance and enhancement requests in queue (JAN 2023)
- Due to the age of the system, and programming language used in the original design, the workforce to stabilize and maintain SEARCHS (at minimally acceptable performance levels) are no longer available in the market

# Comprehensive Child Welfare Information System (CCWIS) Implementation

The requested \$25,075,762 will be used to plan, design and implement a modern Comprehensive Child Welfare Information System

## Overview

The Child and Family Services Division requests funding to implement a *Comprehensive Child Welfare Information System* (CCWIS) to replace its legacy systems.

In 2018, Montana declared its intention to build a CCWIS-compliant system to the administration of Children and Families (ACF).

The ability to achieve a modular implementation, as initially envisioned, is significantly limited by ACF's interpretation of "modular" and federal requirements to have one system of record. Existing funding is insufficient to meet federal expectations or achieve a full system replacement.

## Problem Statement

- CFSD's legacy system has been in service for more than 20 years.
- The system is unstable, built on outdated technologies, and is becoming increasingly difficult and costly to fix, enhance, and maintain.
- The legacy system hinders work efforts and fails to provide timely, accurate, and rich data and information to inform and improve services and policies.
- Montana risks losing federal funding if a new modularized Comprehensive Child Welfare Information System is not designed and implemented.

FUNDING DETAIL		COST	
General Fund	\$12,537,881	Personnel Services	\$521,000
State Special		Contracted Services	\$24,554,762
Federal Special	\$12,537,881	Other	
<b>Total</b>	<b>\$25,075,762</b>	<b>Total</b>	<b>\$25,075,762</b>

*Estimated Minimum Annual Ongoing Cost: \$3,052,100*

*Estimated Start Date: 07/01/2023*

*Estimated Delivery Date: 06/30/2026*

## HB10 Funding Background

In 2019, Montana's Legislature approved \$5,445,238 (State + Federal) in HB10 for Montana Family Child Welfare Information System (MFSIS). This appropriation is designated for CCWIS replacement. CCWIS replacement cost is estimated at \$30.5M, as detailed below.

*FY2019B HB10 Funding: \$5,445,238 | status: approved/available*

*FY2025B Funding Request: \$25,075,762 | status: new/approval pending*

**CCWIS HB10 Project Total: \$30,521,000**

## Benefits

A Comprehensive Child Welfare Information System promotes:

- improved delivery of child welfare services, leading to better outcomes for children and families
- consistent and coordinated service delivery
- streamlined administrative processes that will reduce the administrative burden for child welfare staff
- quality data, reporting, and analytics to inform decision making
- improved accuracy and timeliness of child welfare reporting
- improved performance, scalability, availability, and security
- lower system development and maintenance costs

## Issues and Risks

- Montana risks losing federal funding if a new modularized Comprehensive Child Welfare Information System is not designed and implemented.
- The current system environment is unstable post-mid-tier conversion
- Due to the age of the system, and programming language used in the original design, the workforce to stabilize and maintain the system at minimally acceptable performance levels are no longer available in the market

# Supplemental Nutrition Assistance Program (SNAP) Employment & Training Enterprise Solution

The requested \$2.8 million supports the design, development and implementation of an enterprise employment and training solution

## Overview

- This project aims to strengthen the way DPHHS serves SNAP recipients through employment and training. The project supports efforts to remove employment barriers, help break the cycle of poverty, and progress recipients toward self-sufficiency.
- The project aligns with the Governor's and the Department's goals of increasing efficiencies and increasing workforce opportunities for Montanans and will improve employment rates among SNAP recipients through comprehensive and modernized service delivery.

## Problem Statement

- The lack of an automated solution makes the program susceptible to federal findings during audit reviews, as the State must be well-positioned to assist members of SNAP households in gaining the skills, training, work, or experience required to increase their ability to obtain regular employment and or meet State or local workforce needs.
- An inability to build and integrate a SNAP E&T solution into HCSD will impact the success of growing the E&T program by failing to provide modern tools to administer and operate the services to clients and providers.

FUNDING DETAIL		COST	
General Fund	\$1,400,000	Personnel Services	\$0
State Special		Contracted Services	\$2,800,000
Federal Special	\$1,400,000	Other	
<b>Total</b>	<b>\$2,800,000</b>	<b>Total</b>	<b>\$2,800,000</b>
<i>Estimated Minimum Annual Ongoing Cost: \$400,000</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 06/30/2025</i>	

## Benefits

An integrated E&T automated solution adds value in multiple ways:

- Strengthens citizens' abilities to be self-sufficient and reduces dependency on public assistance
- Improves employment rates among SNAP recipients
- Provides a digital platform to track job training for sustainable employment and to gather and use the data to enhance programming.
- Creates program efficiencies and delivers against the State's digital transformation imperatives by automating manual processes.
- Improves reporting and transparency across programs.
- Strengthens state interagency partnerships and infrastructure
- Improves the ability for clients to enter regular employment

# Electronic Benefits Transfer (EBT) System Replacement

The requested \$2.5 million would support the procurement and replacement of the current EBT solution

## Overview

DPHHS is seeking a vendor to provide Electronic Benefit Transfer (EBT) Services for Montana's:

- Supplemental Nutrition Assistance Program (SNAP);
- Temporary Assistance for Needy Families (TANF or Cash) program; and the
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Funding is needed for system replacement and operational support.

## Additional Project Details

- Current contract is awarded to Solutran, expiring September 30, 2025.
- Solutran announced they will no longer offer services/products in the EBT space after Montana's contract term is complete.
- DPHHS' formed an EBT System Replacement team, comprised of stakeholders from the SNAP, WIC, and TANF teams, Project Managers, IT Contracts and Finance, and Business and Financial Services Division.
- The team is developing the Request for Proposal (RFP) and documenting system requirements; ultimately this group is responsible for the project charter, the contract award, federal compliance/approvals, and transition planning.

FUNDING DETAIL		COST	
General Fund	\$1,250,000	Personnel Services	\$0
State Special		Contracted Services	\$2,500,000
Federal Special	\$1,250,000	Other	\$0
<b>Total</b>	<b>\$2,500,000</b>	<b>Total</b>	<b>\$2,500,000</b>
<i>Estimated Minimum Annual Ongoing Cost: \$1,000,000</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 06/30/2026</i>	

## Benefits

An integrated EBT solution adds value in multiple ways:

- Provides secure and instantaneous transfer of funds to eligible SNAP, TANF, and WIC recipients.
- Provides service continuity for EBT benefit distribution and card management services.
- Improves the state's ability to identify and track both retailer and recipient fraud through an EBT audit trail.
- Supports the state's commitment to the application of digital technologies to better serve Montanans.



# State Healthcare Facilities

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# Electronic Health Records and Billing – State Facilities

The requested \$27.6 million will support the implementation of a modern Electronic Health Records and Billing System (EHR). The budget requests in HB10 for the Healthcare Facilities Division represent efforts to implement a division-wide Electronic Health Records and Billing system.

These investments are the anchor to DPHHS' strategy to achieving a **strong, community-centric, regional behavioral healthcare system** that meets demand for inpatient services & complements our ongoing work to strengthen community-based services for outpatient care

## Business Need

The lack of an EHR has contributed to poor performance at facilities. The current business and clinical processes are manual and paper-based, making it extremely difficult for facilities to measure, report, and improve quality and patient safety indicators. A modern EHR is the foundation of each facility's improvement journey.

Paper charts are being used in all facilities. While some facilities like MSH have supporting systems (i.e., TIER), clinical documentation is recorded to a patient's paper chart.

## Overview

- The current billing system (MICRS) is home-grown and archaic, does not successfully interface with other systems, and requires significant manual correction.
- In 2021, DPHHS hired a vendor to develop business requirements for a division-wide Electronic Health Records & Billing system.
- The vendor conducted a Request for Information (RFI) process with the vendor community to understand capabilities and potential costs.
- The vendor delivered to DPHHS a draft Request for Proposal (RFP) package and independent cost estimate.

**DPHHS is ready to procure a modern Electronic Health Records and Billing System once funding is available**

FUNDING DETAIL		COST	
General Fund	\$25,000,000	Personnel Services	\$0
State Special	\$2,321,690	Contracted Services	\$26,503,012
Federal Special	\$285,614	Other	\$1,104,292
<b>Total</b>	<b>\$27,607,304</b>	<b>Total</b>	<b>\$27,607,304</b>
<i>Estimated Minimum Annual Ongoing Cost: \$1,600,000</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 06/30/2026</i>	

## Benefits

- The deployment of an EHR ensures compliance with federal mandates, minimizes error from paper records, improves workflow efficiencies and time management, supports data-driven decision making, and aligns with the state's 100% digital transformation initiative.
- Additional benefits include improved patient treatment across the care continuum, improved care coordination and faster access to records, efficiencies and cost savings through decreased paperwork and elimination of workflow redundancies, improved aggregation and analysis of patient information, improved diagnostics and patient outcomes, and improved patient safety.

# Medicaid Enterprise Systems (MES)

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# Montana Healthcare Programs Modularity Project Detail

The \$49.4M HB10 submission for the Montana Healthcare Programs Modularity Project represents five discrete projects to support the completion of Montana's Medicaid Enterprise System and to enhance the core system infrastructure and platform capabilities; this allows our team to provide up-to-date information for project health, including schedule, risk, and budget reporting for individual project investments.

<i>Fund Detail</i>					
	General Fund	State Special	Federal	LRIT	
	01100	02xxx	03xxx	05xxx	Total
<b>FY2025B HB10 Request</b>					
Montana Child Support Enforcement Automated System (SEARCHS)		\$ 6,304,200	\$ 20,803,860	\$ 4,412,940	\$ 31,521,000
Comprehensive Child Welfare Information System, CCWIS, Replacement			\$ 12,537,881	\$ 12,537,881	\$ 25,075,762
SNAP Employment and Training/Enterprise Solution Deployment			\$ 1,400,000	\$ 1,400,000	\$ 2,800,000
Electronic Benefits Transfer System Replacement			\$ 1,250,000	\$ 1,250,000	\$ 2,500,000
Electronic Health Records and Billing - State Facilities		\$ 2,321,690	\$ 285,614	\$ 25,000,000	\$ 27,607,304
<b>*Montana Healthcare Programs Modularity Project - Medicaid Enterprise Systems</b>			\$ 44,465,517	\$ 4,940,613	\$ 49,406,130
<b>Total</b>	\$ -	\$ 8,625,890	\$ 80,742,872	\$ 49,541,434	\$ 138,910,196
<b>*Montana Healthcare Programs Modularity Project Detail</b>					
	General Fund	State Special	Federal	LRIT	
<i>Electronic Visit Verification</i>			\$ 2,340,000	\$ 260,000	\$ 2,600,000
<i>Pharmacy Benefit Management System</i>			\$ 8,100,000	\$ 900,000	\$ 9,000,000
<i>Medicaid Enterprise Systems Integrator</i>			\$ 27,500,517	\$ 3,055,613	\$ 30,556,130
<i>Interoperability and Patient Access Integration</i>			\$ 3,150,000	\$ 350,000	\$ 3,500,000
<i>Interoperability and Patient Access - Mobile Engagement</i>			\$ 3,375,000	\$ 375,000	\$ 3,750,000
<b>Montana Healthcare Programs Modularity Project Total</b>			\$ 44,465,517	\$ 4,940,613	\$ 49,406,130

# Electronic Visit Verification (EVV) System Implementation

The requested \$2.6 million will support the procurement and implementation of an Electronic Visit Verification system.

Funding for an Electronic Visit Verification system is needed for Montana to comply with federal mandates which require states to ensure that the right patient care is being delivered when and where it is invoiced for.

## Overview

- States are required to procure and implement an Electronic Visit Verification System based on Section 2006 of the 21<sup>st</sup> Century Cures Act.
- States who are not compliant with the federal regulation are subject to FMAP penalties for federal reimbursement for the applicable services.
- Compliance with the 21<sup>st</sup> Century Cures Act alleviates the risk of future FMAP penalties.

## Benefits

Implementing an Electronic Visit Verification system will ensure that services are delivered to people needing those services and that providers only bill for services rendered.

Additional benefits include:

- EVV allows providers to eliminate costly, time-consuming paperwork
- Billing is more accurate with an EVV system
- Providers spend less time on paperwork and more time on patient care
- Prevents fraudulent claims from being paid
- Proof of care data is readily available and accessible

FUNDING DETAIL		COST	
General Fund	\$260,000	Personnel Services	\$0
State Special	\$0	Contracted Services	\$2,600,000
Federal Special	\$2,340,000	Other	\$0
<b>Total</b>	<b>\$2,600,000</b>	<b>Total</b>	<b>\$2,600,000</b>
<i>Estimated Minimum Annual Ongoing Cost: \$1,250,000</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 06/30/2025</i>	

# Pharmacy Benefit Management System (PBMS) Implementation

The requested \$9 million will support the replacement of the legacy Pharmacy Benefit Management system



## Montana Code Annotated 2021 Title 18 | Chapter 4 | Part 3 | 18-4-3-13

Except as provided in subsection (2) or unless otherwise provided by law, a contract, lease, or rental agreement for supplies or services may not be made for a period of more than 7 years.

- The contract term limit specified in subsection (1) does not apply to:
- *a contract for hardware, software, or other information technology resources, which may be made for a period not to exceed 10 years*

### Business Need

- Funding is needed to replace the legacy Pharmacy Claims Processing System that has reached the 10-year maximum contract term which requires re-procurement.
- The Department is working through state and federal procurement processes to extend the existing contract until the funding is available to procure a new Pharmacy Benefit Management System.

FUNDING DETAIL		COST	
General Fund	\$900,000	Personnel Services	\$0
State Special	\$0	Contracted Services	\$9,000,000
Federal Special	\$8,100,000	Other	\$0
<b>Total</b>	<b>\$9,000,000</b>	<b>Total</b>	<b>\$9,000,000</b>

*Estimated Minimum Annual Ongoing Cost: \$3,500,000*

*Estimated Project Start Date: 06/01/2025*

*Estimated Project Delivery Date: 12/31/2026*

### Benefits

- Allows the Department to fully leverage the principles of modularity by purchasing a COTS/Cloud-based product that relies on configuration to accelerate changes driven by evolving Federal and State healthcare policies.
- The new system will create efficiencies by automating drug rebate processes for invoicing and payment and leveraging analytics to retrospectively monitor drug utilization to identify patterns of abuse and fraud.

Additional benefits include:

- Manage Medicaid costs while maintaining access to pharmacy benefits for members
- Prevent unnecessary Medicaid spend through enhanced prospective drug utilization review
- Modernize system performance monitoring to ensure seamless pharmacy claims processing

# Medicaid Enterprise Systems Integration Platform

The requested \$30.5M is required to extend core infrastructure and platform capabilities.

## Overview

- The Enterprise Systems Integration Platform is the heart of the Department's Medicaid Enterprise Systems (MES), supporting secure data sharing for over 54 systems critical to coordinate member care, authorize services, pay claims, and enable data driven decisions. It is the front door to the Department's MES for members, providers, and other entities.
- Platform funding is required to support data exchanges for the ongoing implementation of Montana's Medicaid Enterprise System (MES).
- It is imperative to the Department's systems modernization initiatives to continue to implement new integrations for future modules and keep pace with advancements in technology.
- Improvements to the Integration Platform infrastructure will ensure secure access for members, providers, and other entities is available at the right time to Medicaid Enterprise Systems and the services they need.

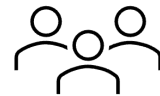
FUNDING DETAIL		COST	
General Fund	\$3,055,613	Personnel Services	\$0
State Special	\$0	Contracted Services	\$30,556,130
Federal Special	\$27,500,517	Other	\$0
<b>Total</b>	<b>\$30,556,130</b>	<b>Total</b>	<b>\$30,556,130</b>
<i>Estimated Annual Ongoing Cost: N/A (contract designated as Design, Development, Implementation through 10-year contract term)</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 12/31/2026</i>	

# The Medicaid Enterprise Systems (MES) Integration Platform

## *Transition to High Availability*

### Medicaid Enterprise Systems Users – External and Internal

Members, Member Designees



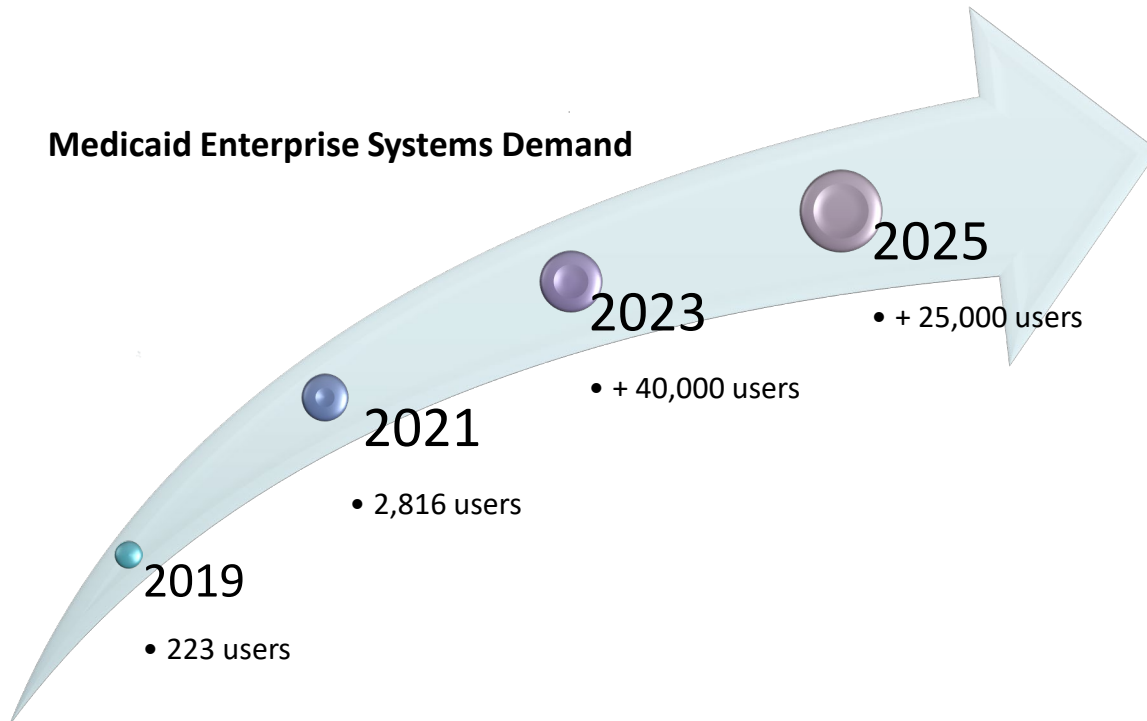
State Users

- Office of Health Data Analytics
- Operations Research Team
- Program Staff
- DPHHS Leadership
- Medicaid Systems Team

Future external entities



### Medicaid Enterprise Systems Demand



### Transition Integration Platform to High Availability

Today's Downtime

~ 4 hours per month

*(excludes approved downtime for planned maintenance or scheduled deployments)*

Future Downtime

~ 4 minutes per month

*(exception is maintenance for load balancing software and/or appliances)*

### Gains

- **Eliminates 95% downtime** for outages related to deployments or security patching
- Provides for dynamic environment scaling based on system activities, leveraging load-balanced configurations to more rapidly scale if needed for periods of peak demand
- **Reduces the likelihood of needing to declare a disaster recovery event** as all components have one or more backups within the primary site<sup>16</sup>



# Interoperability and Patient Access - Integration

The requested \$3.5 million would support the Department's compliance with the Interoperability and Patient Access Final Rule

## Overview

- Funding is required to ensure Montana's compliance with the Centers of Medicare and Medicaid Services (CMS) "Interoperability and Patient Access Final Rule".
- CMS published its final rule with a goal of **empowering patients by giving them access to their healthcare information to make informed decisions about their care while keeping that information safe and secure.**
- The rule dictates that states **will ensure increased member access to their healthcare data, provider information, and requires prior authorization via mobile applications.**
- This project enables members to improve self-sufficiency by putting them in the driver's seat when searching for competitive options for medical services, making informed choices about their healthcare and understanding the outcomes of services they receive.

FUNDING DETAIL		COST	
General Fund	\$350,000	Personnel Services	\$0
State Special	\$0	Contracted Services	\$3,500,000
Federal Special	\$3,150,000	Other	\$0
<b>Total</b>	<b>\$3,500,000</b>	<b>Total</b>	<b>\$3,500,000</b>
<i>Estimated Minimum Annual Ongoing Cost: \$0</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 06/30/2025</i>	

## Requirements

The rule establishes timelines for payers to implement standardized APIs to enable:

- Access to healthcare claims and clinical information
- Access to payer provider directory information
- Real time hospital admission and discharge messages for improved coordination of care
- Expedited transfer of member data due to plan changes via payer-to-payer data exchanges
- Improved coordination of care for dually eligible individuals
- \*Improve the electronic exchange of health care data, and streamline processes related to prior authorization, improved member access to services and reducing burden on healthcare providers

The Interoperability and Patient Access final rule **puts patients first by giving them access to their health information when they need it most, and in a way, they can best use it**

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### CMS Directive

- Give patients true access to their healthcare
- Enable members to make informed healthcare decisions and better manage their care
- Supporting transition to value-based healthcare system



### Impact to State Medicaid Agencies

- **Mandates** State Medicaid Agencies to adopt the latest data sharing standards
- Provide secure and easy access to member healthcare data using smartphone applications.

# Interoperability and Patient Access - Mobile

The requested \$3.75 million would support design and implementation of the Interoperability and Patient Access Mobile Engagement Platform.

## Overview

- The Mobile Engagement Platform is required to ensure Montana’s compliance with the Centers of Medicare and Medicaid Services (CMS) “Interoperability and Patient Access Final Rule”.
- The Rule mandates states to implement systems that enable better patient access to their health information, improve interoperability, and reduce burden on payers and providers.
- Funding is needed to procure and implement a Mobile Engagement Platform to enable Medicaid members to proactively authorize access to their data by approved third parties via standardized data exchanges.
- Healthcare data and provider network information will be accessed through mobile applications which can be viewed by members on a smartphone, tablet or computer. Mobile applications enable payers to improve member engagement.
- The implementation of a mobile engagement platform will improve member self-sufficiency through access to their healthcare data.

FUNDING DETAIL		COST	
General Fund	\$375,000	Personnel Services	\$0
State Special	\$0	Contracted Services	\$3,750,000
Federal Special	\$3,375,000	Other	\$0
<b>Total</b>	<b>\$3,750,000</b>	<b>Total</b>	<b>\$3,750,000</b>
<i>Estimated Minimum Annual Ongoing Cost: \$560,000</i>			
<i>Estimated Start Date: 07/01/2023</i>		<i>Estimated Delivery Date: 06/30/2025</i>	

## Benefits

- Improves population health outcomes, increases member engagement in their health, and aids in the prevention of fraud by providing access to healthcare information virtually anywhere at any time via a mobile application.
- Enables health alerts and messaging tailored to support specific program goals
- Improves coordination of care
- Accelerates proactive interventions
- Provision of 21st century IT services results to improve citizen and stakeholder end-user experiences

# Interoperability and Patient Access

## Improving Member Engagement and Satisfaction

### Provide members access to their health information

- Improved Member Engagement
- Improved Member Self-sufficiency
- Enable Health Alerts – Messaging
- Improved Fraud Prevention
- Target Messaging Based on Member Program Participation
- Increased Transparency (Cost & Outcomes of Member Care)
- Improved Customer Convenience(s) via Smart Phone Mobile Application

### Provide members up to date provider information

- Reduce Member Reliance on Call Center Support
- Improved Member Satisfaction
- Decrease Operational Costs

### Access to more timely clinical information

- Improved Coordination of Care
- Accelerated & Proactive Interventions