



## **Medicaid Management Information System Replacement (MMISR) Project**

**SI11 – Software-as-a-Service (SaaS)  
Configurations for Enterprise Designs –  
Increment 3 – Task 8.0 –  
Interface Implementation Plan Phase 2**

**HSD Deliverable Owner: Paula Morgan**

**Contractor Deliverable Owner: Spruce-KPMG Team**

**Configuration Number: v2.0**

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# Table of Contents

- 1.0 Introduction .....5
- 2.0 Purpose .....5
- 3.0 Goal.....5
- 4.0 Scope.....5
- 5.0 Approach.....6
- 6.0 Roles and Responsibilities .....7
- 7.0 Risk Mitigation Methods.....8
- 8.0 Assumptions/Constraints/Risks .....8
  - 8.1 Assumptions .....8
  - 8.2 Constraints .....9
  - 8.3 Risks .....9
- 9.0 As-Is Interface Catalog Assessment for QA, BMS, C/CMS, UPI (CCSC and UP) Modules and CYFD Partner .....9
- 10.0 To-Be Interface Catalog Generation for QA, BMS, C/CMS, UPI (CCSC and UP) Modules and CYFD Partner .....9
  - 10.1 To-Be Interface Catalog Generation .....10
  - 10.2 Interfaces Identified from BTC Journeys .....11
  - 10.3 To-Be Interface Catalog for QA and BMS .....13
  - 10.4 To-Be Interface Catalog for CYFD .....14
  - 10.5 To-Be Interface Catalog for UPI (CCSC and UP) and C/CMS .....15
- 11.0 Integration and Interface Management .....16
- 12.0 Appendices .....16
  - 12.1 Appendix A: Deliverable Record of Changes .....16
  - 12.2 Appendix B: List of Acronyms .....16
  - 12.3 Appendix C: Referenced Documents .....17
  - 12.4 Appendix D: Deliverable Approval Form .....18

## Table of Tables

Table 1 – Deliverable Scope.....6

Table 2 - Roles and Responsibilities.....7

Table 3 - List of SI Deliverables for Each Module/Integration Partner.....10

Table 4 - To-Be Catalog Business Fields.....10

Table 5 - To-Be Catalog Technical Fields.....11

Table 6 – QA, BMS, CCMS, CCSC and UPI Module Information from Orchestration Plan .....11

Table 7 - Deliverable Record of Changes .....16

Table 8 - List of Acronyms.....16

Table 9 - Referenced Documents .....20

## Table of Figures

Figure 1 - High-level Approach .....	7
Figure 2 - Source and Target Systems/Partners for Quality Assurance .....	13
Figure 3 - Target System/Partners for Benefits Management System.....	14
Figure 4 - As-Is Sources for CYFD Interfaces .....	15
Figure 5 - Source and Target Systems/Partners for CYFD .....	15

## 1.0 Introduction

The New Mexico (NM) Human Services Department (HSD) has adopted the Health and Human Services (HHS) 2020 vision, a transformational, enterprise-wide approach to the HHS business. HHS 2020 will move service delivery from a program-centric approach to a citizen-centric approach. In addition, HSD will migrate away from program and technology silos into an integrated, flexible framework that supports service delivery and stakeholder interaction across HHS programs and organizations. HHS 2020 is technology-enabled, but includes rethinking organizational design, redesigning and streamlining business processes, and reducing barriers between organizations within the HHS enterprise. Please see Section 1: Introduction in Project Management Plan (PMO1) for a detailed Medicaid Management Information System Replacement (MMISR) project overview (link provided in [Appendix C](#) Section 12.3 of this document).

The NM HSD selected the Spruce-KPMG Team as its MMISR System Integrator (SI) to assess, evaluate, design, plan, and develop the integration platform for an information system to coordinate functions and operations between multiple agency systems and service modules.

## 2.0 Purpose

As part of the Spruce-KPMG Team Statement of Work (SOW), the Spruce-KPMG Team is providing Deliverable Number 11: Software-as-a-Service (SaaS) Configurations for Enterprise Designs – Increment 3 - Task 8.0 - Interface Implementation Plan Phase 2 (All Other Modules) (SI11). The purpose of SI11 – SaaS Configurations for Enterprise Designs – Increment 3 - Task 8.0 - Interface Implementation Plan Phase 2 is to provide the approach to collecting interface information for all other modules (note that Data Services [DS] and Financial Services [FS] are addressed in Phase 1 of the Plan), creating a To-Be catalog, and managing information for future module integration. The intended audience for this document includes the HSD-designated reviewers of SI11 – SaaS Configurations for Enterprise Designs – Increment 3 – Task 8.0 – Interface Implementation Plan Phase 2 as defined in the Resource Needs spreadsheet (link provided in [Appendix C](#) Section 12.3 of this document).

## 3.0 Goal

The goal of SI11 – SaaS Configurations for Enterprise Designs – Increment 3 – Task 8.0 – Interface Implementation Plan Phase 2 is to create an approach and implementation plan for the analysis, design, development, and management of interfaces leveraging the system integration platform (SIP) in compliance with the HHS 2020 vision. It will include the creation of a To-Be Interface Catalog for non-DS and FS Modules based on the Spruce-KPMG Team’s collaborative analysis of the As-Is Interface Catalog and the Business Transformation Council (BTC) Journeys. This document will also include the approach to utilize and manage the catalog to support Module integration activities.

## 4.0 Scope

Based on the agreed-upon SOW, the scope of SI11 – SaaS Configurations for Enterprise Designs – Increment 3 - Task 8.0 - Interface Implementation Plan Phase 2 includes:

**Table 1 – Deliverable Scope**

Task Item	Sub Tasks	Description
<b>8.0 Develop Interfaces Implementation Plan for Interfaces – Phase 2 (Increment 3)</b>		
	<b>8.1</b>	Contractor will assess As-Is interface catalog for Management Plan for onboarding remaining modules (Quality Assurance [QA], Unified Public Interface [UPI]*, Benefit Management Services [BMS], Care/Case Management System [C/CMS], Consolidated Customer Service Center (CCSC)*, and Children, Youth, and Families Department [CYFD] – Medicaid Management Information System [MMIS] Modules). <ul style="list-style-type: none"> <li>a) Identify which interfaces need to be integrated for the module integration to support the BTC journeys</li> <li>b) Elicit requirements from business subject matter experts (SMEs), Procuring Agency technical SMEs enterprise sharing of interface(s)</li> </ul>
	<b>8.2</b>	Contractor will create backlog of interfaces.
	<b>8.3</b>	Contractor will create interface projects in combination with end-to-end system flows.

**\*Note:** CCSC and Unified Portal (UP) are both a part of UPI.

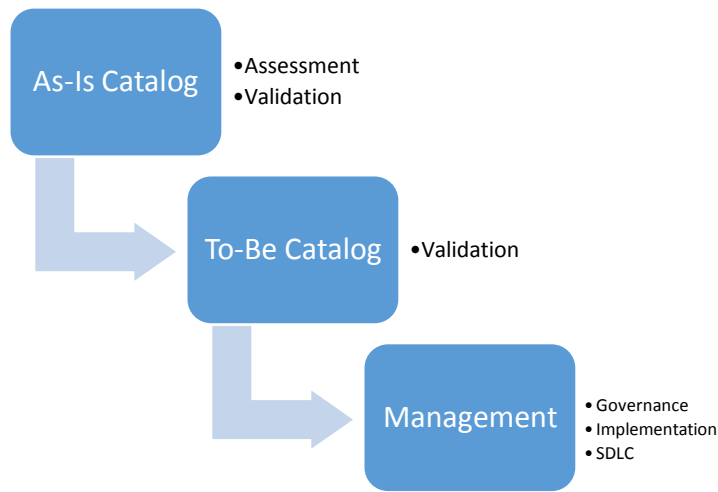
## 5.0 Approach

Per the HHS 2020 vision, an interface is defined as a point or mechanism through which two (2) systems, subjects, or organizations meet and interact. In technical terms, an interface is a shared boundary across which two (2) or more separate components of a computer system exchange information. The exchange can be between software, computer hardware, peripheral devices, humans, or a combination of these. Exchange of information is accomplished with a defined data structure and a defined mechanism from a source to a target. For the purpose of this document, interfaces will be defined as file-based data exchanges which have specific file formats that need to be adhered or consumed. One of the artifacts, the To-Be Interface Catalog, will include file-based data exchanges. The Spruce-KPMG Team collaborated with NM HSD to analyze and validate information in the As-Is Interface Catalog and created the To-Be Interface Catalog. The To-Be Interface Catalog will be used as one of the information inputs to plan the Interface Implementation.

The Interface Implementation Plan identifies tasks and activities, along with the methodology and sequencing, that will be needed for the successful implementation of MMSIR Module or Integration Partners integration as identified in [Section 4.0 Scope](#). The Interface Implementation Plan will also include an approach to planning and scheduling with any known constraints or assumptions.

The following figure shows a high-level approach towards the Interface Implementation Plan.

**Figure 1 - High-level Approach**



This approach was taken to analyze the interfaces for each module with the support of NM HSD to validate the interfaces and confirm the available information. The result of this process would lead to the To-Be Interface Catalog and a process to manage going forward.

## 6.0 Roles and Responsibilities

**Table 2 - Roles and Responsibilities**

Role	Responsibilities
SI Deliverable Team	<ul style="list-style-type: none"> <li>Conduct deliverable kickoff</li> <li>Develop Deliverable Expectations Document (DED) and obtain approval following the established review process</li> <li>Perform the scope of work defined in the contract for the deliverable</li> <li>Develop deliverable and coordinate with HSD throughout the established review process to address reviewer feedback</li> </ul>
Deliverable Review Team	<ul style="list-style-type: none"> <li>Participate in knowledge transfer (KT) sessions and provide documentation and related information to SI Deliverable Team</li> <li>Participate in deliverable kickoff and draft assessment walkthroughs</li> </ul> Review deliverable in alignment with Amendment 1 and applicable decisions, and contract
Enterprise Project Management Office (EPMO)	<ul style="list-style-type: none"> <li>Review the deliverable against the "Deliverable Standards Acceptance Criteria" checklist and provide comments, as applicable</li> </ul>
Independent Verification and Validation (IV&V)	<ul style="list-style-type: none"> <li>Review deliverable in alignment with Amendment 1 and applicable decisions, and contract</li> </ul>
HSD Contract Manager	<ul style="list-style-type: none"> <li>Provides notification to the SI Deliverable Team of rejection or approval of the deliverable</li> <li>Coordinates the completion of the Deliverable Approval Signature Form</li> </ul>

Role	Responsibilities
HSD Project Manager (PM)	<ul style="list-style-type: none"> <li>• Coordinates SME reviews of the deliverable</li> <li>• Coordinates the submission and tracking of comments provided by reviewers on the deliverable</li> <li>• Communicates status of the deliverable to the HSD Contract Manager, SI Deliverable Team, Deliverable Review Team, EPMO, and IV&amp;V</li> </ul>

## 7.0 Risk Mitigation Methods

To help mitigate risks throughout the deliverable development process, the Spruce-KPMG Team maintained consistent and open communication with HSD key resources. The Spruce-KPMG Team and NM HSD held routine, collaborative sessions throughout interface catalog analysis process. During module integration, the Spruce-KPMG Team will continue to collaborate with NM HSD team and module contractor or integration partner team to properly govern the interface catalog and manage implementation processes.

## 8.0 Assumptions/Constraints/Risks

This section documents any assumptions made, constraints considered, and risks identified that affected the development of the deliverable.

### 8.1 Assumptions

- The Spruce-KPMG Team will be accounting only active and unique interfaces from the As-Is Interface Catalog provided by NM HSD.
- The As-Is Interface Catalog is a reliable starting point and includes necessary interfaces from legacy systems such as Omnicaid, Automated System Program and Eligibility Network (ASPEN), and Child Support Enforcement System (CSES).
- The To-Be Interface Catalog is a 'work in progress' and will not be finalized until the discovery sessions with each module and Integration Partners are held and interface implementations are completed.
- The To-Be Interface Catalog does not represent the future state. It is an intermediate step in achieving the HHS 2020 vision for the future state.
- The Spruce-KPMG Team assumes that the Module interfaces that remain file-based in the To-Be state are pass-through data exchanges – where the SIP only performs transportation of the file from source to target without any processing of the file’s content or affecting the file properties, except in relation to the System Migration Repository (SMR).
- Except with SMR, the SIP is not anticipating to load data in any table or database other than maintaining a log, monitoring status, or archiving files.
- The SIP is not anticipating to connect to any legacy system to pull files or push files except SMR; for SMR, SIP will be connected to ASPEN and Omnicaid.
- The Spruce-KPMG Team assumes that the To-Be interfaces will be modernized to APIs first, unless specified during module discovery that Managed File Transfer (MFT) is required for the future state.



- For any file transfers to and from the modules in the ‘to be’ timeframe, the Modules will use the SIP MFT managed folders to send the files or to retrieve the files, unless it is determined during module discovery and orientation that APIs can serve this purpose.
- Integration Partners and Module contractors will work with HSD and the Spruce-KPMG Team to resolve any schedule timeline conflicts or technical constraints for the plan execution.
- Memorandums of Understanding (MoUs) with Module contractors and/or Integration Partners for information exchange will be established and managed by the Data Governance Council (DGC).

## 8.2 Constraints

- There are not any known constraints currently.

## 8.3 Risks

- Simultaneous onboarding of multiple MMISR Modules or Integration Partners to the SIP may create complex dependencies and schedule conflicts for the Spruce-KPMG Team implementation plan and HSD resources.

## 9.0 As-Is Interface Catalog Assessment for QA, BMS, C/CMS, UPI (CCSC and UP) Modules and CYFD Partner

The As-Is Interface Catalog assessment followed the same process as described in SI11 – SaaS Configurations for Enterprise Designs - Increment 2 – Task 6.0 – Interface Implementation Plan Phase 1 deliverable under Section 9. For this deliverable, the assessment was focused on the QA, BMS, C/CMS, UPI (CCSC and UP) and CYFD Modules to support the module discovery phase.

SI11 – SaaS Configurations for Enterprise Designs - Increment 2 – Task 6.0 – Interface Implementation Plan Phase 1 deliverable can be found linked in [Appendix C](#) Section 12.3 of this document.

## 10.0 To-Be Interface Catalog Generation for QA, BMS, C/CMS, UPI (CCSC and UP) Modules and CYFD Partner

The general approach for the To-Be Interface Catalog generation for the non-DS and FS Modules is similar to what is defined in the SI11 – SaaS Configurations for Enterprise Designs - Increment 2 – Task 6.0 – Interface Implementation Plan Phase 1 deliverable under Section 9. This can be found linked in [Appendix C](#) of this document.

The following describes the approach towards generating the To-Be Interface Catalog for the QA, BMS, C/CMS, UPI (CCSC and UP) and CYFD Modules.

**Note:** For the purposes of this deliverable, the spreadsheet for non-DS and FS interfaces will be separate from the DS and FS Interfaces Catalog from SI11 – SaaS Configurations for Enterprise Designs - Increment 2 – Task 6.0 – Interface Implementation Plan Phase 1. The Interface Catalog for non-DS and FS interfaces can be found linked on [Appendix C](#). From a governance perspective, the Spruce-KPMG Team will manage one (1) version for the To-Be Interface Catalog.

### 10.1 To-Be Interface Catalog Generation

In collaboration with NM HSD, the Spruce-KPMG Team analyzed existing QA, BMS, and CYFD interfaces in the provided As-Is Interface Catalog – this can be found linked in [Appendix C](#).

**Note:** No existing interfaces were identified for C/CMS or UPI (CCSC and UP) from the As-Is Interface Catalog provided by NM HSD. Integration Partner interfaces are out of scope for the SI11 Increment 3 - Interface Implementation Plan Phase 2. This will be addressed within their respective deliverables during integration partner discovery sessions. During the discovery process of the following SI deliverables, the To-Be interface catalog may be modified based on module or integration partner technical capabilities and data exchange requirements.

The following was the process used to identify and analyze interfaces for the QA, BMS, and CYFD Modules:

1. Validated ASPEN, Omnicaid, Medical Assistance Division (MAD) Miscellaneous, and CSES As-Is Interface Catalog and Interface Control Document (ICD) Lites to identify the To-Be source system and To-Be target system as part of the HHS 2020 Modules.
2. Identified and reviewed potential Modules that can replace Omnicaid functionalities and used that information to create To-Be source and To-Be target Modules.
3. Performed internal validation to identify and verify the Medicaid Information Technology Architecture (MITA) Business Area and MITA Business Process and link the potential BTC Journeys/Business Service for each interface.
4. Shared the To-Be Interface Catalog containing QA, BMS, and CYFD Module interfaces with the NM HSD team to review. The To-Be interfaces can be found linked in [Appendix C](#) of this document.

When generating the To-Be Interface Catalog, the Spruce-KPMG Team added the following additional business and technical fields to capture for each interface:

**Table 3 - To-Be Catalog Business Fields**

To-be Interface Catalog Column Name	Description
To-Be Source System	This specifies the source module of the file.
To-Be Target System	This specifies the targets for the file as defined within the SIP MFT configuration.
MITA Business Area	As part of the To-Be interface analysis, the Spruce-KPMG Team worked to validate existing MITA business area to each interface.
MITA Business Process	As part of the To-Be interface analysis, the Spruce-KPMG Team worked to validate existing MITA business process to each interface.
Potential BTC Journey/ KPMG Resource Integration Suite – Connected (KRIS-C) Business Service/Integration Name	This column would be used to correlate interface catalog items to the business analysis performed as part of SI11 Increment 1 at the time of module discovery which can be found linked in <a href="#">Appendix C</a> Section 12.3 of this document.

**Table 4 - To-Be Catalog Technical Fields**

To-be Interface Catalog Column Name	Description
Interface Status	This field indicates the interface status on SIP implementation as part of HHS 2020. This will be updated as part of the module discovery and implementation.
Data Flow To/From SI	This field indicates the To-Be interface files are inbound or outbound from BMS, QA, and CYFD.
Integration Pattern	This field shows the interface is real-time or batch integration.

The Spruce-KPMG Team validated and reviewed the To-Be Interface Catalog with the support from NM HSD resources so that the catalog included relevant interfaces.

The Spruce-KPMG Team, along with NM HSD resources, conducted this discovery process and created an initial catalog of To-Be interfaces for the BMS, QA, and CYFD Modules. The interfaces identified were analyzed for gaps, grouped by the Module, and prioritized based on the potential module schedule, so that they can be presented and discussed with MMISR Modules and Integration Partners.

## 10.2 Interfaces Identified from BTC Journeys

The Spruce-KPMG Team included BTC Journey naming information in the To-Be interface catalog to support the module discovery process. The following provides a summary of how the information correlates between the To-Be Interface Catalog and the Orchestration Plan – Integration Backlog through the BTC Journeys.

The interface catalog is correlated with the BTC Journeys to additional interfaces related to the QA, BMS, UPI (CCSC and UP) and CCMS Modules from the Integration Backlog. At the time of module discovery, the interface catalog and the integration backlog will be utilized for analysis. The following table shows the module information from the Orchestration Plan:

**Table 5 – QA, BMS, CCMS, CCSC and UPI Module Information from Orchestration Plan**

MITA Business Area	BTC Journey Functionality
Member Management	<ul style="list-style-type: none"> <li>• Eligibility Enrollment Transition</li> <li>• Client Benefit Management and Care Coordination</li> <li>• Level of Care</li> <li>• Managed Care Enrollment</li> <li>• Consolidated Customer Care Center (CCSC)</li> <li>• The process by which the client can access information specific to them via the Portal</li> </ul>
Provider Management	<ul style="list-style-type: none"> <li>• Provider Enrollment</li> <li>• Provider Updates</li> </ul>
Operations Management	<ul style="list-style-type: none"> <li>• Incoming Claim &amp; Encounters (Excluding Mi Via Waiver)</li> <li>• Medicaid Provider Payment</li> </ul>
Performance Management	<ul style="list-style-type: none"> <li>• MCO Reporting</li> </ul>

Deliverable – SI11 - SaaS Configurations for Enterprise Designs - Increment 3 - Task 8.0 - Interface Implementation Plan - Phase 2

MITA Business Area	BTC Journey Functionality
	<ul style="list-style-type: none"> <li>• The Process of Creating, Reviewing and Distributing Quality Reports</li> <li>• Client/Provider Issue Management</li> <li>• The process by which contract compliance is evaluated and penalties assessed</li> <li>• Provider Fraud, Waste and Abuse</li> <li>• Management and Tracking of Audits</li> <li>• Minimize and Manage Member Fraud</li> <li>• Benefit Management Services</li> <li>• Fair Hearings Management (Non-COVID)</li> <li>• Anticipate, streamline, and manage adverse actions for providers and follow-up action</li> </ul>
Plan Management	<ul style="list-style-type: none"> <li>• External Partners NMAC Rule Promulgation</li> <li>• Staff Process Training Development</li> <li>• External Partners MAD Forms</li> <li>• Routine Capitation Adjustments using the Numbered Memo Process</li> <li>• Capitation Rates: The process of calculating actuarially sound cap rates and going through the entire process of approval, certification, and implementation</li> <li>• The Process of creating, reviewing, and distributing Quality Reports</li> <li>• Performance Measure Penalty Process</li> <li>• Improve care coordination and management of members in JUST Health: understand the trends, create preventive measures, and streamline agency integration</li> </ul>
Care Management	<ul style="list-style-type: none"> <li>• Level of Care</li> <li>• Managed Care and FFS (PA) Process</li> <li>• Member Care Management</li> <li>• Electronic Visit Verification (EVV)</li> <li>• EVV- Self Directed Community Benefit (SDCB) Self Directed Personal Care and Respite</li> <li>• EPSDT Process and Data</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>• TPL Management</li> <li>• CMS 64 Reporting</li> <li>• CMS 37 - Program</li> <li>• Internal Financial Report Generation</li> <li>• Payment Recovery: Simplify and automate payment reconciliation for all parties for member retro-enrollment from or to the FFS and Managed Care (MC).</li> <li>• Manage RAC</li> <li>• Drug Rebates Management</li> <li>• Third Party Payments and Travel</li> </ul>

As part of the Module Discovery process with the module/integration partner, any overlapping interfaces from the To-Be Interface Catalog and the Orchestration Plan via the BTC Journeys will be mapped through a column labeled “Potential BTC Journey/KRIS-C Business Service/Integration Name” within the To-Be Interface Catalog.

Any interfaces identified in SI11 Increment 1 will be analyzed at the time of module discovery. SI11 Increment 1 is linked in [Appendix C](#) Section 12.3 of this document.

**Note:** The file integration interfaces identified from the BTC Journeys are based on the MMIS business knowledge and the BTC Journey Analysis. These interfaces will be used as part of the module onboarding and discovery sessions for validation.

### 10.3 To-Be Interface Catalog for QA and BMS

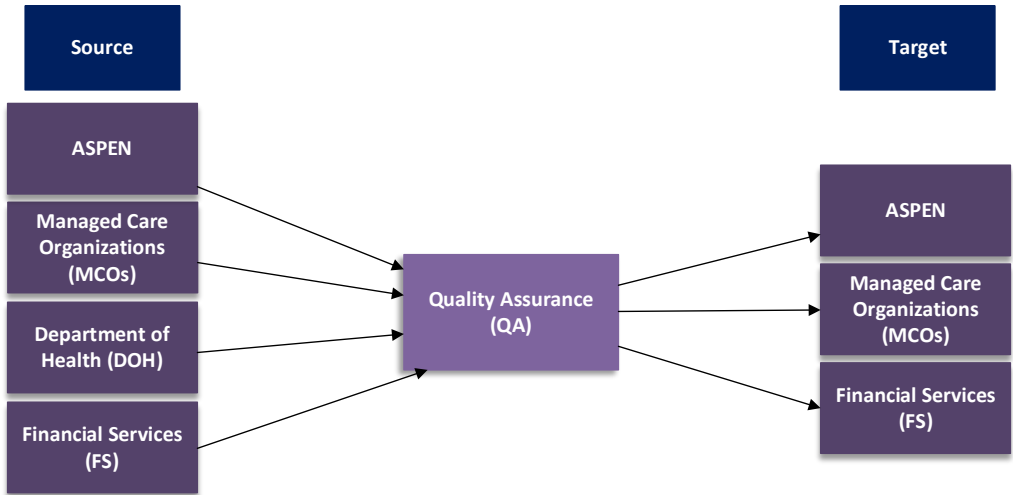
As part of the Omnicaid, ASPEN, and MAD Miscellaneous As-Is interfaces analysis, the Spruce-KPMG Team worked with NM HSD to identify interfaces assuming that Omnicaid will be replaced with FS, BMS, and QA as future HHS 2020 Modules that are going to handle the Omnicaid functionality.

The following assumptions are considered as part of the To-Be QA and BMS Interface Catalog preparation:

- Currently Omnicaid runs the Third-Party Liability (TPL) data file validation, but in the future, QA will handle this functionality as QA is the system of record for TPL data.
- Currently, Omnicaid handles provider-related files, and it is assumed that BMS will handle it in the future. This will be revisited and revalidated during module discovery.
- Technology information is captured from the As-Is Interface Catalog and will be updated during the module discovery sessions to leverage modernized integration capabilities. For example, file transfers can be modernized to real-time Application Programming Interface (API)-based exchanges.

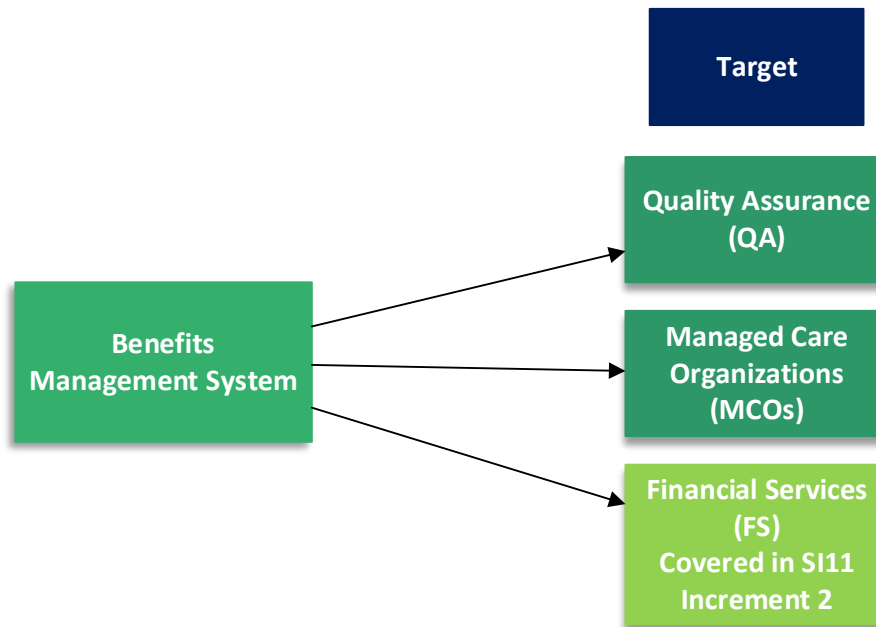
The following diagram shows the existing source and target systems expected for the QA Module:

**Figure 2 - Source and Target Systems/Partners for Quality Assurance**



The following diagram shows the existing source and target systems expected for the BMS:

**Figure 3 - Target System/Partners for Benefits Management System**



## 10.4 To-Be Interface Catalog for CYFD

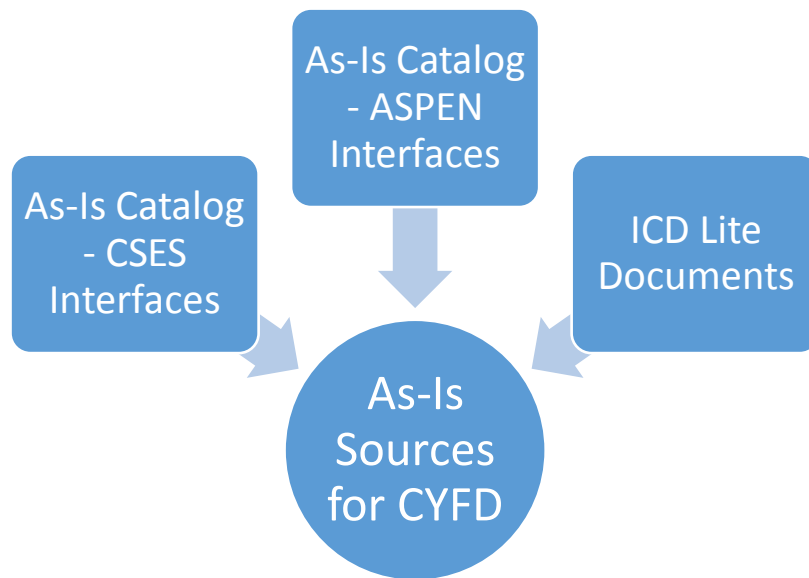
The Spruce-KPMG Team worked with the NM HSD team to identify MMIS-specific interfaces for CYFD from As-Is catalogs and ICD Lites from NM SharePoint.

CYFD interfaces are captured from below As-Is interface Catalog sources:

- As-Is ASPEN Interfaces
- As-Is CSES Interfaces
- ICD Lites

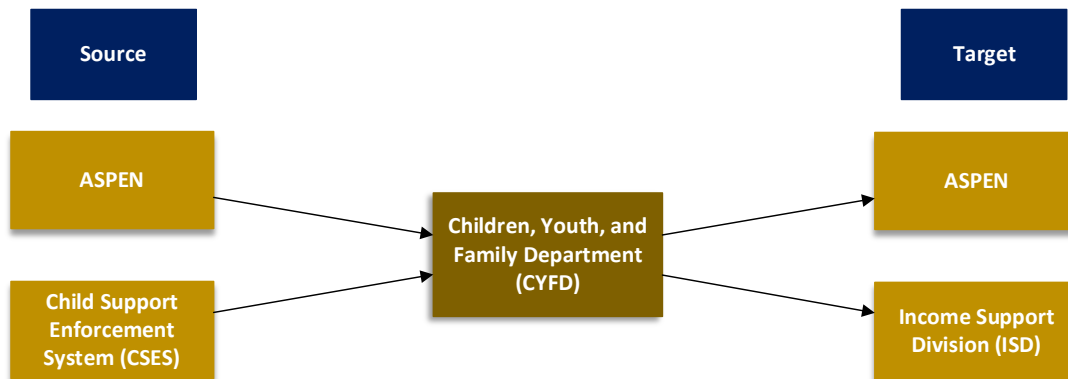
Links to the documentation can be found in [Appendix C](#) Section 12.3 of this document. The below diagram describes the sources of As-Is interfaces for CYFD:

**Figure 4 - As-Is Sources for CYFD Interfaces**



The following diagram shows the source and target systems/partners for CYFD identified from the sources As-Is Catalog and ICD Lite documents:

**Figure 5 - Source and Target Systems/Partners for CYFD**



## 10.5 To-Be Interface Catalog for UPI (CCSC and UP) and C/CMS

Based on the analysis of interfaces performed by the Spruce-KPMG Team, no existing interfaces were identified from the As-Is Interface Catalog and ICD Lites for UPI (CCSC and UP), and C/CMS. However, a few items were identified from the Integration Backlog, which is part of the BTC Journeys. As part of the Module Discovery process, these will be validated with the module / integration partners and the interface catalog will be updated, accordingly.

The following describes assumptions about the three (3) modules:

- Unified Portal (UP) is a new online portal for customers, providers, HSD, and other state agencies. This portal will be implemented as part the Unified Public Interface (UPI) as part of the future HHS 2020 initiative.

- The CCSC will be a part of UPI as part of the future HHS 2020 initiative - this contact center serves as a help center to support various programs and divisions.
- C/CMS will support multiple programs across HHS state agencies as part of the future HHS 2020 initiative.

UP, CCSC, and C/CMS interfaces can be found in the SI11 – SaaS Configurations for Enterprise Designs – Increment 1 – 1.0 – Develop Orchestration Plan Deliverable – Consolidated Integration Backlog which is linked in [Appendix C](#) Section 12.3 of this document.

## 11.0 Integration and Interface Management

The approach for Interface Management for the non-DS and FS modules is similar to what is defined in SI11 – SaaS Configurations for Enterprise Designs - Increment 2 – Task 6.0 – Interface Implementation Plan Phase 1 deliverable under Section 11. The deliverable can be found linked in [Appendix C](#) of this document.

## 12.0 Appendices

### 12.1 Appendix A: Deliverable Record of Changes

The deliverable will include a record of changes in the following form:

**Table 6 - Deliverable Record of Changes**

Version Number	Date	Author/Owner	Description of Change
0.1	8/18/2022	Spruce-KPMG Team	The initial draft for internal review
1.0	9/9/2022	Spruce-KPMG Team	Initial draft submitted to NM Deliverable Review Team
2.0	9/30/2022	Spruce-KPMG Team	Final deliverable submitted to NM Deliverable Review Team

### 12.2 Appendix B: List of Acronyms

A list of project-specific acronyms will be maintained on the MMISR SharePoint site.

**Table 7 - List of Acronyms**

Acronym	Definition
API	Application Programming Interface
ASPEN	Automated System and Program Eligibility Network
BMS	Benefits Management Services
BTC	Business Transformation Council
CMS	Centers for Medicare and Medicaid Services
C/CMS	Care/Case Management System
CCSC	Consolidated Customer Service Center



Deliverable – SI11 - SaaS Configurations for Enterprise Designs - Increment 3 - Task 8.0 - Interface Implementation Plan - Phase 2

<b>Acronym</b>	<b>Definition</b>
CSES	Child Support Enforcement System
CYFD	Children, Youth, and Families Department
DED	Deliverable Expectations Document
DGC	Data Governance Council
DS	Data Services
EPMO	Enterprise Project Management Office
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ETL	Extract, Transform, and Load
EVV	Electronic Visit Verification
FFS	Fee For Service
FS	Financial Services
HHS	Health and Human Services
HSD	Human Services Department
ICD	Interface Control Document
IV&V	Independent Verification and Validation
KRIS-C	KPMG Resource Integration Suite - Connected
KT	Knowledge Transfer
MAD	Medical Assistance Division
MC	Managed Care
MCO	Managed Care Organization
MFT	Managed File Transfer
MITA	Medicaid Information Technology Architecture
MMISR	Medicaid Management Information System Replacement
MoU	Memorandum of Understanding
NM	New Mexico
PA	Prior Authorization
PM	Project Manager
PMO1	Project Management Office Deliverable 1 Project Management Plan
QA	Quality Assurance
RAC	Review Audit Claim
SaaS	Software-as-a-Service
SDCB	Self-Directed Community Benefit
SDLC	Software Development Life Cycle
SI	System Integrator
SIP	System Integration Platform
SME	Subject Matter Expert
SMR	System Migration Repository
SOW	Statement of Work
TPL	Third Party Liability
UP	Unified Portal
UPI	Unified Public Interface

### 12.3 Appendix C: Referenced Documents

Upon contract award, the selected vendor will be provided access to additional information, as needed.

## **12.4 Appendix D: Deliverable Approval Form**

Upon approval of the SI11 – SaaS Configurations for Enterprise Designs – Increment 3 – Task 8.0 – Interface Management Plan deliverable, the Deliverable Approval Signature Form must be filled out, where appropriate, printed, and routed for signature. Once all signatures are provided, the Deliverable Approval Signature Form must be uploaded to SharePoint in its' respective deliverable folder.