HUMAN SERVICES DEPARTMENT

Medicaid Management Information System Replacement (MMISR) Project

Project Management Plan Final

Human Services Department (HSD) Deliverable Owner: Gary Rees

System Integrator (SI) Deliverable Owner: Adrian Ball

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Table of Contents

List of Tables

List of Figures

1 Introduction

The Project Management Plan (PMP) provides project management and system development processes and procedures to be executed throughout the lifecycle of the MMISR project. The MMISR project's State-led Project Management Office (PMO) worked jointly with the Systems Integrator (SI) contractor to create this PMP. It is to be used by all project staff from the State and the module contractors.

The Centers for Medicare and Medicaid Services (CMS) Expedited Life Cycle (XLC) Project Management Plan template was used as the basis for the format and content of this document. Principles from the Project Management Body of Knowledge (PMBOK) were also consulted and incorporated into this plan.

An earlier version of the PMP, developed by the NM Human Services Department (HSD), was used as the basis for this jointly developed PMP.

1.1 Purpose

The MMISR PMP provides a structured framework to enable the MMISR State-led PMO, SI Contractor and the module contractors to work in a coordinated manner to execute, monitor, and control the MMISR project and to achieve the project's critical success factors.

The PMP supports this purpose by defining and presenting the management processes for each process area of the project. Some process areas are described completely within this document. Other process areas are only briefly summarized in this document because a subsidiary management plan deliverable has been created to provide the full process definition.

1.2 PMP Maintenance and Updates

The PMP must be regularly reviewed and revised to keep it current with the needs of the project and applicable to new stakeholders. It must also be kept up to date with the clarified requirements and goals of the project.

Potential milestones in the project lifecycle that may call for a revision include preparation for CMS reviews, State phase gate approvals, onboarding of new module contractors, and transitions to production.

The SI Contractor facilitates PMP reviews and updates. Approval of changes to the PMP or any of the subsidiary management plans follows the change management processes documented in the MMISR project Change Control Management Plan. The SI Contractor will record all changes in the Record of Changes table contained in the PMP and in the subsidiary management plans, as applicable.

2 MMISR Project Scope

2.1 MMISR Project Overview

The New Mexico Human Services Department (HSD) has adopted the Health and Human Services (HHS) 2020 vision, a transformational, enterprise approach to the health and human services business. HHS 2020 will move service delivery from a program-centric approach to a person-centric approach. NM 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.

A central element of the HHS 2020 implementation is the effort to replace the Medicaid Management Information System (MMIS), operated by the HSD Medical Assistance Division (MAD). The broader HHS 2020 initiative will include participation by the entire HHS enterprise serving all HSD divisions and other NM HHS organizations such as the Department of Health (DoH), the Children, Youth and Families Department (CYFD), and the Aging and Long-Term Services Department (ALTSD).

HHS 2020 also brings improvement to the delivery of health and human services by bringing together an optimal mix of technology solutions with outsourced business services while leveraging a growing marketplace of service providers. With HHS 2020, HSD is increasing its focus on data, a critical factor to understanding human services needs and effectively planning, delivering, managing, and assessing human services programs.

HHS 2020 follows a modular system approach to align services with system components, bringing the following benefits to the health and human services enterprise:

- Enhanced ability to operate in a dynamic environment with increasingly restricted funding without degrading service levels
- Greater flexibility to take advantage of rapidly evolving technology, achieve service improvements, and reduce maintenance and operation costs
- Increased ability to respond promptly and insightfully to changing program or population needs
- Opportunity to support an outcomes-based approach to planning, executing, and assessing service delivery while focusing on the end impact and value to New Mexico citizens
- Reduced duplication through Enterprise-wide sharing of technology, services, data, and processes to deliver high-quality customer service
- Realization of a person-centric approach to service management and delivery that makes it easier for New Mexico citizens to understand and obtain needed services and for medical providers to interact with the State

The HHS 2020 framework will be implemented through the MMISR project, the purpose of which is to replace the State's existing MMIS. MMISR will comply with CMS requirements, CMS Seven Conditions and Standards (SCS), and pursue system certification at Medicaid Information Technology Architecture (MITA) Maturity Level 4. NM must comply with these requirements to retain CMS Federal Financial Participation (FFP) at the enhanced rate of 75 percent. HSD's current MMIS – also known as Omnicaid – is a monolithic system developed and operated by a single contractor and does not meet CMS' SCS modularity condition.

The purpose of the MMISR project is to:

- Better serve New Mexico recipients of health care services, including Medicaid
- Enable HSD to achieve a higher level of process and technology maturity and meet the criteria for MITA Maturity Level 4
- Provide HSD the data and tools needed to more effectively analyze program performance and impact
- Provide a foundation for the HHS 2020 vision, including 90 percent FFP for HHS 2020 design, development, and implementation activities
- Meet the CMS SCS
- Obtain CMS certification

The MMISR solution will use a combination of technology and Business Process Outsourcing (BPO) procurements as the foundation for the HHS 2020 framework. Each procurement will require that the selected contractor comply with accepted standards that promote interoperability across the HHS 2020 framework through Service Oriented Architecture (SOA) compliant integration with other MMISR modules and services. To that end, the State is engaging an SI Contractor to provide a unifying role across the procurements. The SI Contractor will provide the core infrastructure used to transfer data and enable its storage from all the contractors' services and throughout the MMISR solution. Additionally, the SI Contractor will be responsible for planning, testing, migrating, and managing successful integration across modules and services, and for setting interoperability standards.

HSD intends for the BPO modules to function as "black boxes," in that the inner workings of the contractor's enabling technology are not specified by the State; rather, each module is viewed in terms of functionality, business process efficiency, performance against SLAs, and data inputs and outputs. This will enable the State to take advantage of commodity services in the marketplace to achieve rapid use of key services needed to support Medicaid.

The MMISR Modules and Services Procurements

1. **System Integrator** – Through the SI procurement, HSD will acquire the core technologies and associated services needed to support, implement, facilitate, and manage the HHS 2020 framework with which other modules will integrate, including:

    - SOA enablement, Enterprise Service Bus (ESB), schema management, data quality management (DQM), policy enforcement, security implementation, management, and governance
    - Core shared services Master Data Management (MDM), including Electronic Document Management (EDM), address verification, client information verification, notification engine, Master Client Index (MCI), Master Provider Index (MPI) and others depending upon contractors' recommendations, and SOA tooling to support business process automation (e.g., Workflow, Business Rules, and Business Process Management/Orchestration)
    - Reusable and repeatable system migration capability, including data conversion as required to migrate from legacy systems to the HHS 2020 ecosystem
    - Security implementation and management, identity proofing, system integrity, system fraud prevention, and Single Sign-on
    - Integration Governance (i.e., security, monitoring, management, and platform administration)

2. **Data Services (DS)** – The DS procurement is focused on designing, implementing, operating, and continually improving the structures, processes, and data needed to support HSD's and HHS 2020's current and future reporting and analytic requirements. The DS Contractor will develop data structures (e.g., multiple linked data stores, data marts, data lakes, an Enterprise Data Warehouse (EDW) or equivalent) while leveraging the infrastructure and tools provided by the SI Contractor. The DS procurement is focused on finding a contractor to design, implement, operate, and continually improve Business Intelligence (BI) as part of a set of SOA services needed to support current and future reporting and analytics requirements for the State. HSD anticipates the DS Contractor will focus initially on defining and implementing the processes, analytics, and technology tools and structures required to establish foundational integrated data services that support reporting and analytics. Additional DS goals include providing insightful analytics to support population health management (i.e., an outcomes-focused approach to designing, delivering, and managing services with the ability to run NM-specific experience against national databases) and to enable HHS State-wide reporting and analytics through an integrated data services and technology platform. The DS Contractor also will deliver timely and accurate reports, analytics, and related work products.

   The DS Contractor will be responsible for analyzing data requirements, both current and projected, and working with the State to define and implement a data governance approach. This approach will use the SI Contractor's MDM Solution for HHS 2020 data assets, provide data analytic and BI tools, and involve working with the State to plan an approach to achieve increasing levels of data maturity for HHS 2020.

3. **Quality Assurance (QA)** – Through the QA procurement, HSD will contract with a BPO Contractor to provide:

   - Program Integrity support, including Third-Party Liability (TPL), Fraud and Abuse Detection Services (FADS), and audit coordination and compliance
   - RAC - Management of Recovery and Audit responsibilities
   - Quality Reporting
   - Coordination of efforts and projects with the HSD Office of Inspector General (OIG) and the Medicaid Fraud Control Unit (MFCU) of the Office of the Attorney General (OAG)

   The QA Contractor will also provide services necessary to perform to the QA contract and to interact with the State and with other MMISR Contractors to effectively support HHS 2020 and the MMISR Solution.

4. **Benefit Management Services (BMS)** – Through the BMS procurement, HSD will contract with a BPO Contractor to provide:

   - Member Management (Early Periodic Screening, Diagnosis and Treatment [EPSDT] and other member data)
   - Assistance with the systems and data support necessary for effective care and case management within and across HHS 2020 agencies (Case/Care Management Tool)
   - Utilization Management/Utilization Review (Prior Authorization, Individual Support Plan/Service and Support Plan (ISP/SSP), Intermediate Care Facilities for the Mentally Retarded (ICF-MR), Level of Care (LOC), Plan of Care (POC))
   - Provider Management (Enrollment and Credentialing)
   - Electronic Health Records Program Coordination (Attestation and Meaningful Use)
   - Pharmacy Benefit Management (Authorization, Claims, Drug Utilization Review (DUR), Drug Rebate)

- Assistance with Managed Care Organization (MCO) Management
- Benefit Plan Management

The BMS Contractor also will provide the services necessary to perform the BMS contract and to interact with the State and with other MMISR Contractors to effectively support HHS 2020 and the MMISR Solution.

5. **Financial Services (FS)** – Through the FS procurement, HSD will contract with a BPO Contractor to provide claims processing and comprehensive financial services (e.g., accounting, payment, billing) using a CMS-compliant platform and processes for multiple programs. The FS Contractor will also provide the services necessary for managing the FS contract and interacting with the State and with other HHS 2020 Contractors to effectively support HHS 2020 and MMISR. The FS Contractor will also provide the SI and DS Contractors with the data elements essential to Federal reporting requirements.

6. **Unified Public Interface (UPI)** – A key element of the HHS 2020 framework is a unified interface serving all stakeholders, in keeping with the vision of presenting a more person-centric view of HHS services and processes. HSD seeks to develop, implement, and operate a UPI serving NM citizens, providers, State agencies and employees, and other stakeholders. The goal of the UPI is to offer a "one-stop shop" that embraces a "no wrong door" approach to customer service.

   The State is evaluating the procurement approach to achieve this goal. The State's current plan is to acquire two principal UPI parts.

   - Consolidated Customer Service Center (CCSC) – The goal for the CCSC is to provide a single, integrated contact center serving all HSD programs, to increase efficiency and to make it easier for our customers and providers to obtain needed information and/or actions. HSD intends to procure the CCSC through a BPO service contract that will encompass:
     a) CCSC set-up/tailoring to meet HSD-specific needs, including technology, processes, training, and staff
     b) CCSC operation, reporting, and continuous improvement
     c) Services necessary to perform to the CCSC contract and to interact with the State and with other HHS 2020 Contractors to effectively support HHS 2020 and MMISR
   - Unified Web Portal and Mobile Technology – The goal for the Unified Web Portal and Mobile Technology encompasses both a unified web portal and the use of social media, mobile technology, and other user-friendly technologies to improve user ease of access and to enhance the State's ability to readily and effectively reach customers, providers, and other stakeholders. Work associated with this component includes:
     a) Development of a comprehensive concept and design to effectively serve all stakeholders, via web portal(s), mobile technology, and other user-friendly technologies
     b) Implementation, operation, and maintenance of the unified portal(s) and other recommended technologies
     c) Services needed to manage this component and to interact with the State and with other HHS 2020 Contractors to effectively support HHS 2020 and the MMISR Solution

Following all of the MMISR modular procurements, an outcomes-based management contract will help New Mexico realize the vision for a health outcomes-focused approach to serving the needs of New Mexico citizens and to managing and delivering services and benefits.

Related Procurements

1. **Centennial Care 2.0 –** HSD implemented its new Medicaid managed care program, known as Centennial Care, through a Section 1115 Demonstration Waiver that CMS approved for a five-year period, from January 2014 through December 2018. Centennial Care modernized the Medicaid program by improving the efficiency and effectiveness of healthcare delivery; integrating physical, behavioral, and long-term care services and supports (LTSS); advancing person-centered models of care; and slowing the rate of growth in program costs. Its guiding principles included the development of a comprehensive service delivery system designed to increase a recipient's personal responsibility and to encourage active engagement of members in their health care. Centennial Care also emphasized payment reforms to incentivize quality versus quantity of services and maximized opportunities to achieve administrative simplification. HSD has identified opportunities for targeted improvements and other modifications that will continue to advance the original principles of Centennial Care through its next iteration, Centennial Care 2.0. Changes will be limited to those that are appropriate for waiver renewal versus those that can be addressed through either policy directives or MCO contractual requirements. Concurrently, the MAD team will be contracting with MCO organizations to achieve the mission of Centennial Care 2.0, which will begin January 1, 2019.

2. **Eligibility and Real-Time Enrollment –** HSD is enhancing the eligibility system to include Real-Time Eligibility and Enrollment functionality through the expansion of the existing Automated System Program and Eligibility Network (ASPEN) system.

3. **Independent Verification and Validation (IV&V)** – HSD released a competitive procurement in 2015 for MMISR IV&V services and selected a Contractor (CSG) that began operations in August 2016. The MMISR IV&V Contractor will perform IV&V services throughout the MMISR implementation and CMS Certification, in accordance with the requirements of CMS and NM Department of Information Technology (DoIT). All MMISR module and BPO prime contractors will be required to interact with and collaborate with the IV&V Contractor.

2.2 MMISR Scope Management

The Change Control Management Plan describes the governance processes and authority of project leadership and oversight to approve or deny changes to the project scope. The definition of scope is documented in the functional and non-functional requirements originating in the procurement documents of the Requests for Proposals, the procurement addendums, the bidders' proposals, the contract terms, conditions, statements of work and performance standards.

The scope is subsequently:

- Refined during Joint Application Requirement (JAR) sessions
- Documented in requirements definition deliverables
- Reviewed, approved, and baselined by the MMISR State-led PMO

The processes for refining, documenting, reviewing, and approving system scope are described in the MMISR project Requirements Management Plan.

As described in the MMISR project Requirements Management Plan, the Requirements Traceability Matrix (RTM) is a tool that helps to ensure that the baselined system scope aligns with the designed, developed, and tested system scope. The RTM provides the ability to monitor and control the life of a requirement through forward and backward traceability. Forward traceability involves tracing each original requirement to its validated requirement and to downstream work products, such as design components and test cases. Backward traceability involves tracing each unique work product (i.e., design elements and test cases) back to its associated original requirement). Backward traceability can verify that the requirements have been kept current throughout the design, development, and testing.

2.3 MMISR Scope Statement

Scope management is a process used by the SI Contractor, module contractors, and the State-led PMO to define, validate, monitor, and control the scope of the MMISR project. Using the PMBOK definition of scope, the MMISR project has both system scope and project scope where:

- System scope represents, at a high level, the functionality provided by the system. The detailed requirements deliverables that come later in the project will present both functional and non-functional requirements
- Project scope represents the work needed to deliver the system scope

2.3.1 System Scope

The following sections outline the scope of the system.

2.3.1.1 Objectives

The objectives of the MMISR project are:

- Enhanced ability to operate in a dynamic environment with increasingly restricted funding without degrading service levels
- Greater flexibility to take advantage of rapidly evolving technology to achieve service improvements and to reduce maintenance and operation costs
- Increased ability to respond promptly and insightfully to changing program or population needs
- Support for an outcomes-based approach to planning, delivering, and assessing services while focusing on the end impact and value to New Mexico citizens as opposed to internal processing requirements
- Reduced duplication through enterprise-wide sharing of technology, services, data and processes that deliver high-quality customer service
- Realization of a customer-focused approach to service management and delivery that make it easier for New Mexico citizens to understand and receive needed services and for providers to interact with the State

2.3.1.2 High-Level Requirements

The following table outlines the high-level project requirements:

Table 1: High-Level Requirements

Req. #	Requirement Definition
1	**Modular** A modular approach that is design-independent by using modules that are capable of being changed without excessive impact. The modular approach is intended to create a framework aligned to MITA version 3.0, supporting New Mexico's goal of operating Medicaid functions at MITA Maturity Level 4 in all business and technical areas.
2	**Compliant with Federal Standards** Comply with the CMS Conditions and Standards, promote the use of industry standards for information exchange and interoperability, and provide a seamless business services environment for users. The MMIS must comply with CMS MITA 3.0 and Medicaid Enterprise Certification Toolkit (MECT) 2.3 requirements as well as with all other applicable federal requirements and standards.
3	**Eligible for Maximum Federal Financial Participation (FFP)** MMISR is designed and implemented to qualify for and secure enhanced FFP for development, implementation, and operation. Development and implementation of the modular MMISR solution must be done in a way to ensure CMS certification. Maintain eligibility for FFP for the design, development, installation, and enhancement of mechanized claims, encounter processing, and information retrieval, as specified under 42 CFR 433.112, by implementing a modernized system that meets the certification conditions specified by federal regulation.
4	**Tools Driven** Provide information management and business intelligence tools to assist the State in effectively managing Medicaid and related health and human services programs.
5	**Adaptable** Provide an extensible, flexible, and soundly designed framework that can adapt over time to changing programmatic needs, solution approaches, and technologies. Be standards-based to facilitate interoperability and maintainability. Implement a flexible, rules-based, modular, configurable solution to enhance decision-making and increase management efficiencies. Utilize Service Oriented Architecture (SOA) principles to deliver interoperability that supports modernization and enables continual enterprise evolution to meet evolving business needs. Be a highly configurable and flexible system that can enable the expansion of technological capabilities to other State and federal agencies and incorporates the capability to take timely advantage of changing technology.

Req. #	Requirement Definition
6	**Sustainable** Can be efficiently sustained and affordably maintained throughout its life, while offering enhanced program support and customer experience. Achieve a balance of a modular and extensible networked system while sustaining quality data, integrity of Medicaid program operations (and those of other HHS enterprise participants) and offering adaptability to meet changing needs.
7	**Analytics Friendly** Provide ready and flexible access, via the Data Services module, to accurate and timely information to support reporting, insightful management of the Medicaid enterprise, and to evaluate performance, to enable cost savings, to inform policy and process decisions, and to enable population health management and an outcomes-focused approach to benefit delivery and management.
8	**Service Focused** Deploy modules that are modifiable by user configuration rather than through constant custom coding. Modules must offer adaptable services that can take advantage of evolving technology and/or expanded capacity and which allow Commercial-Off-The-Shelf (COTS) products to be installed, integrated, and upgraded through scheduled releases when such installations are appropriate and to the State's advantage.
9	**Enterprise Solution** The State is not seeking Medicaid-only solutions. The MMISR solution will provide a framework to support the broader NM HHS enterprise and will serve as an information gateway for all NM HHS stakeholders. The solution must support effective automation and paperless transactions across traditional program lines, facilitate data access and exchange in real-time while ensuring compliance with privacy and security, and enable effective and timely transfer of information to program users. In addition, the solution is envisioned to include a consolidated, easy-to-use and appealing user interface to provide an enhanced customer service experience for providers and clients.

2.3.1.3 Major Deliverables

The following tables list major deliverables that the project's product, service, or result must produce in order for the project objectives to be satisfied. The deliverables are organized by the modular procurements planned for the project.

Table 2: Major Deliverables

System Integrator (SI) Module
SOA-enablement, Enterprise Service Bus (ESB), schema management, data quality management (DQM), policy enforcement, security implementation, management and governance
Core shared services: Master Data Management (MDM), including Electronic Document Management (EDM), address verification, client information verification, notification engine, Master Client Index (MCI), Master Provider Index (MPI) and SOA tooling to support business process automation (Workflow, Business Rules and Business Process Management/Orchestration)
System Integrator (SI) Module Cont'd
Reusable/Repeatable system migration capability (including data conversion as required to migrate from legacy systems to the HHS 2020 ecosystem)
Security implementation and management, identity proofing and system integrity, system fraud prevention, and Single Sign-on
Integration governance (security, monitoring, management, and platform administration)
Enterprise Data Services
Enterprise Data Warehouse
Business Analytics
Business Intelligence
State Reporting
Federal Reporting
Data Tools and Training
Data Governance Approach and Support
Quality Assurance Module
Program Integrity support, including Third-Party Liability (TPL), Fraud and Abuse Detection Services (FADS), audit coordination and compliance
RAC - Management of Recovery and Audit
Quality Reporting
Coordination of efforts and projects with the HSD Office of Inspector General and the Medicaid Fraud Control Unit of the ice of the Attorney General
Financial Services Module
Claims Processing
Accounts Payable and Payments
Accounts Receivable and Cash Management

Financial Reporting: 1099's, 1095's, W2's, etc.
Budget, Projection, and Rate Setting Tools
Benefit Management Services Module
Member Management
Assistance with the systems and data support necessary for effective care and case management within and across HHS 2020 agencies (Case/Care Management Tool)
Benefit Management Services Module Cont'd
UM/UR (Prior Authorization, ISP/SSP, ICF/IID, LOC, POC)
Provider Management (Enrollment and Credentialing)
Electronic Health Records Program Coordination (Attestation and Meaningful Use)
Pharmacy Benefit Management (Authorization, Claims, DUR, Drug Rebate)
Assistance with Managed Care Organization (MCO) Management
Benefit Plan Management
Unified Public Interface Module
Consolidated Customer Service Center (CCSC) to provide a single, integrated contact center serving all HSD programs.
Unified Web Portal and Mobile Technology encompassing both a unified web portal and the use of social media, mobile technology, and other user-friendly technologies to improve user ease of access and to enhance the State's ability to readily and effectively reach customers, providers and other stakeholders.

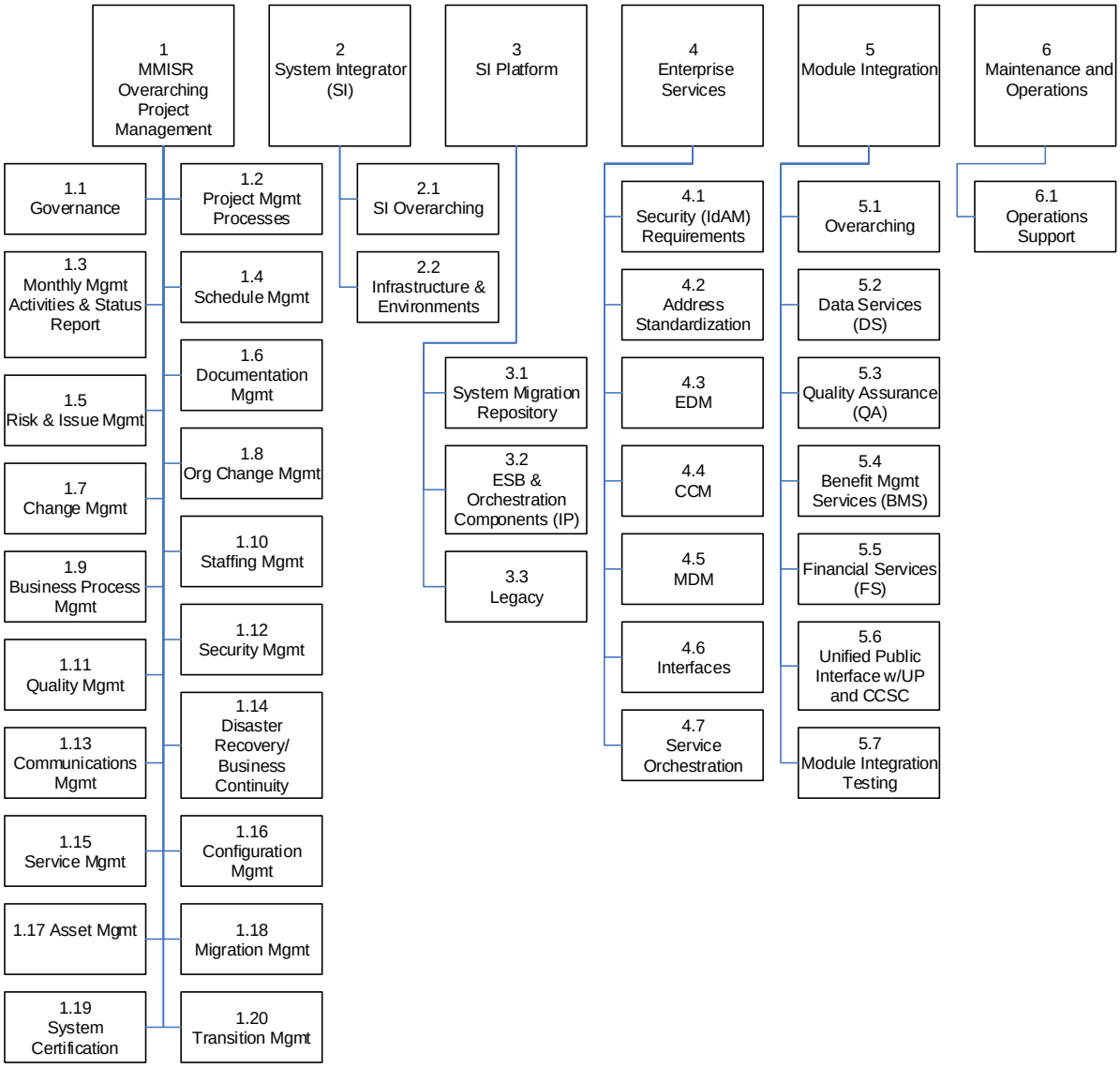
2.3.2 Project Scope

Project scope is work that needs to be accomplished to deliver the MMISR system:

- Define the low level functional requirements within each Medicaid business process
- Define the low level system and technical requirements
- Organize the requirements into functional scope areas for procurement
- Procure integrators, application providers, business process service providers, maintenance and support providers
- Manage the development and implementation contracts for each procured contractor
- Integrate the interoperating functionality of all of the procurements
- Test the independent and interdependent functions across the procured systems
- Validate that CMS certification requirements are met by the business processes of the integrated solution
- Transition the solution into production use with appropriate maintenance and operations support

The MMISR project scope defined in the SI and module contractor contracts is subsequently documented in the MMISR project Work Breakdown Structure (WBS). A WBS is a hierarchical breakdown of tasks that make up a project. The WBS is captured within the Integrated Master Schedule (IMS) and baselined by the project Change Control Board (CCB) per the project Schedule Management Plan. Figure 2: MMISR Level 2 WBS provides a diagram of the MMISR Level 2 WBS.

Figure 1: MMISR Level 2 WBS



2.4 MMISR Project Funding and Sources

Table 3: Appropriation History includes funding sources from federal, State, county, municipal laws or grants.

Table 3: Appropriation History

Fiscal Year	Funding Source	Amount
SFY2015	NM Laws of 2014, Chapter 63, Section 4	$200,000
SFY2015	Federal CMS Match	$1,800,000
SFY2015	NM Laws of 2014, Chapter 63, Section 4	$88,990
SFY2015	Federal CMS Match	$800,910
SFY2016	NM Laws of 2015, Chapter 101, Section 7, Item 20	$620,000
SFY2016	Federal CMS Match per IAPDU approval letter dated June 10, 2015	$5,580,000
SFY2017	NM Laws of 2016, Chapter 11, Section 7, Item 15	$2,800,000
SFY2017	Federal CMS Match per IAPDU approval letter dated September 29, 2015 and IAPDU –As Needed approval letter dated May 19, 2016 (updated approval)	$25,200,000
SFY2018	NM Laws of 2017, Section 5, Item 17	$5,000,000
SFY2018	Federal CMS Match per IAPDU approval letter dated June 2, 2017 approval) and IAPU –As Needed approval letter dated November 1, 2017 (updated approval)	$45,000,000
SFY2019	NM Laws of 2018, Chapter 11, Section 7, Item 20	$6,801,900
SFY2019	Federal CMS Match per IAPDU approval letter dated September 2017 (approval) and IAPU –As Needed approval letter dated November 1, 2017 (updated approval)	$60,855,100
	Total Appropriation:	$154,746,900

3 Overall Project Management Approach

This section describes the overall project management approach for the MMISR project. The approach is based on the Project Management Institute (PMI) PMBOK, Sixth Edition. Where applicable, this section references subsidiary plans produced by the State-led PMO.

3.1 Project Governance

Project governance defines the authorized bodies and processes that influence or control the strategies, tactics, and monitoring of the project. Governance bodies ensure the project remains aligned with the sponsor's and stakeholders' goals, priorities, and constraints. These authorized bodies are supported by governance councils established to safeguard enterprise and project standards for architecture, data, and the business process improvement that will result from the implementation of new business and technical capabilities. Oversight groups also independently monitor and report project progress and help to mitigate risks.

The MMISR project governance bodies are responsible and accountable for developing, planning, and implementing processes to:

- Manage decision making
- Control scope
- Manage change, risks, and issues
- Manage stakeholders
- Set, safeguard, and implement standards for business, data, and technology
- Monitor and manage cost, schedule, and resources

This Project Governance section of the MMISR Project Management Plan constitutes the project's governance plan.

The MMISR project utilizes the three types of governance bodies introduced above and further described in the sections below: Authorized Bodies, Advisory Councils, and Oversight Entities.

3.1.1 Authorized Bodies

The following groups make up the project's Authorized Bodies.

3.1.1.1 State-Led Project Management Office

The State-led PMO consists of project managers, contract managers, and implementation managers from the MMISR project team and from the NM Medicaid business. The PMO is augmented with project managers from the MMISR module contractors. This combined group has responsibility for providing governance over day-to-day project management processes and the execution of project activities. The PMO leads and fosters collaboration among agencies, programs, and module contractors to achieve the project vision and goals, while being fully compliant with defined standards.

The PMO operates within its change, spending, and decision-making thresholds as defined in the Change Control Management Plan.

The State-led PMO, including project managers from the SI and each active module contractor, meets weekly to review and initially evaluate new change requests, proposed decisions, risks, and issues. The PMO also reviews the opened, updated, and closed items in each of these categories. The meeting serves a vital communication role ensuring all project managers are informed of the current and pending status of key items impacting the project.

The PMO is overseen by and escalates as needed to the MMISR Leadership Team.

3.1.1.2 MMISR Leadership Team

The MMISR Leadership Team is comprised of the HSD Chief Information Officer (CIO), HSD Deputy CIOs, HHS 2020 Project Director, MMISR Lead Project Manager, MAD Director, MAD Deputy Directors, and the MAD Enterprise Business Manager. This team oversees the project's development and implementation of business, technical, and information capabilities. It is responsible for leadership, oversight, and management of all aspects of the MMISR project.

The State-led PMO reports all project activities, actions, and decisions to this body.

The MMISR Leadership Team is overseen by and escalates MMISR project changes, decisions, and issues, as needed, to the HHS 2020 Executive Steering Committee.

3.1.1.3 HHS 2020 Executive Steering Committee

The HHS 2020 Executive Steering Committee's (ESC) leadership and governance authority extends beyond the project's Medicaid-impacted programs to include all agencies and programs that can benefit from shared client data, eligibility program data, and healthcare data within New Mexico's health and human services agencies. These other agencies and programs are currently defined as the Child Support Enforcement Division (CSED) of HSD, the Behavioral Health Services Division (BHSD) of HSD, the NM Department of Health, and NM's Children Youth and Families Department.

The HHS 2020 ESC is comprised of representatives from HSD's divisions, from non-HSD agencies, and from the MMISR Leadership Team. The ESC oversees the project's strategies and implementation in terms of how it impacts the constituent agencies and how the constituent programs contribute data into the enterprise.

The HHS 2020 ESC has ultimate change, spending, and decision-making authority for the HHS 2020 initiative and the MMISR project.

3.1.1.4 HHS 2020 Change Control Board

The HHS 2020 Change Control Board (CCB) makes formalized scope, schedule, and cost decisions within pre-defined thresholds. The CCB comprises representation from the MMISR Leadership Team, and the HHS 2020 ESC and can approve or deny change requests without escalation to a higher governance body.

The CCB receives input and advice from each of the governance councils described in a later section of this document: the Business Transformation Council (BTC), Architecture Review Board (ARB), and Data Governance Council (DGC).

The CCB is staffed by members of the PMO who prepare change requests, collect input from governance councils, prepare the board's agenda, facilitate CCB meetings, and maintain the Change Management Log.

3.1.2 HHS 2020 Governance Councils

The following groups make up the HHS 2020 Governance Councils.

3.1.2.1 Business Transformation Council (BTC)

The BTC provides leadership and oversight for all business assessment, analysis, design or redesign, and implementation actions for the MMISR project and the HHS 2020 initiative.

BTC membership is comprised of the MAD Director and Deputy Directors, the HSD ITD CIO, business subject matter leads, and partners such as MCO representatives and other statewide stakeholders. The council is supported by the MMISR PMO as needed.

The BTC proposes organizational changes, new functions, person-centric innovations, outcome measures, cross-program targets, and business process changes. The BTC reviews and approves, or denies, new or changed processes.

The BTC reviews and approves proposed business decisions and change requests and provides recommendations to the Change Control Board.

The BTC's primary responsibilities include:

- Manage communication and alignment within the NM Medicaid community
- Provide business process improvement direction
- Advocate for person-centric business processes
- Improve business processes and workflow efficiency for providers and other stakeholders
- Ensure adherence to all federal and state requirements
- Review and enforce policies, standards, and procedures
- Address risks and issues that impact business process improvement
- Establish goals and metrics relating to business process improvement

3.1.2.2 Architecture Review Board (ARB)

The ARB evaluates the evolution of both the HHS 2020 Enterprise Architecture (EA) and the conformance of individual components to the enterprise architecture. Architectural designs must conform to the HHS 2020 EA to ensure that all components and technology decisions lead to highly interoperable systems, components, information, and capabilities in the HHS 2020 ecosystem.

The ARB's chief purpose is to bring consistency within and across project architectural realms by carefully considering architectural and technology proposals and evaluating whether exceptions to the EA can be accommodated. The ARB ensures that all deployed components cohere with the HHS 2020 vision overall. The ARB owns the project architectural definition of the HHS 2020 ecosystem and guides project technical teams in complying with the HHS 2020 EA.

The ARB provides the following benefits to the HHS 2020 enterprise:

- Single, centralized arbiter of architectural and technical compliance
- Comprehensive representation of technical executives, technical leaders, technical SMEs, and architects from across the HHS 2020 initiative
- Prevents propagation of technologies and designs that are not consistent with the HHS 2020 EA
- Manages the incorporation of architectural or technical exceptions into the HHS 2020 ecosystem
- Provides for rapid review and evaluation of architectural or technical proposals
- Guides the activities of working groups to bring technical consistency to project proposals
- Optimizes project funds by identifying and repurposing technical components for reuse

The ARB core team is a combination of voting members and working group participants. The ARB voting members include agency CIOs.

Non-voting members include those performing core ARB functions such as the HHS 2020 Enterprise Architect and the ARB Leader. Various technical leaders, including Deputy CIOs, bureau chiefs, and senior SMEs participate as ARB members based on their role in the larger organization and their unique expertise within the architectural realms.

3.1.2.3 Data Governance Council (DGC)

The DGC serves as a team of data and information leaders from across the HHS 2020 initiative. The DGC monitors and governs data standards and safeguards data structures, data models, and the quality of enterprise data across the MMIS modules and their interactions with legacy systems.

The council reviews and approves or requires modification to all new data systems, data models (conceptual, logical, physical), and messaging models.

The council is comprised of stakeholders representing new and legacy modules, data stewards from HHS 2020 constituent organizations, and data architecture experts.

3.1.3 Oversight Entities

The following sections define the Oversight Entities.

3.1.3.1 Centers for Medicare and Medicaid Services (CMS)

CMS is the federal agency that oversees and provides funds for the MMISR project. Funding requests are made to CMS in the form of Advance Planning Documents (APDs). CMS approvals of APDs are required to authorize federal financial participation in funding the MMISR project at the 90% level for Design, Development and Implementation activities. CMS also reviews and approves all Requests for Proposal (RFPs) greater than $500,000 and all contracts produced by NM for the project.

CMS must certify the project implementation and operations to authorize continued enhanced federal funding of the new system in operations. CMS works closely with project leadership and the IV&V contractor to ensure the project is completing CMS certification activities satisfactorily.

3.1.3.2 NM Department of Information Technology

NM's DoIT has statewide oversight of information technology projects. DoIT employs its own set of stage gate reviews and certification processes for monitoring project progress and success.

The MMISR project must coordinate with DoIT via two key review channels: appearances by project leadership at DoIT's Project Certification Committee (PCC) and appearances by project technical leads at DoIT's Technical Architectural Review Committee (TARC). TARC reviews technical documents such as the System Design Document and the Maintenance & Operations Plan to ensure projects are sound in their technical approach and their ability to sustain operations. The PCC receives input from the TARC as part of its determination of whether a project may move from one project phase to the next and whether funds allocated by the NM legislature should be released to the project.

The MMISR project will appear at the PCC and TARC several times over the course of the project, chiefly at the stage gate transition points for the MMISR modules.

3.1.3.3 Independent Verification and Validation

CMS requires that all state Medicaid projects engage an outside contractor to provide Independent Verification and Validation (IV&V) services. IV&V oversight services are primarily oriented to the CMS certification processes, requirements, and reviews. The IV&V contractor reports to the project steering committees and directly to CMS. IV&V provides quarterly reports to CMS related to each certification checklist, certification review preparations, and project risks.

IV&V personnel attend most project meetings, read all project status reports, and review all project deliverables. IV&V also produces observations that highlight risks and issues it believes are affecting the project and shares these observations and recommendations for mitigation with the project and its governance stakeholders in a monthly assessment.

IV&V observations on SharePoint can be found at:

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IV&V Assessment Reports can be found at:

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3.2 Module Contractor Oversight

The SI Contractor has oversight responsibilities for the other module contractors participating in the MMISR project. These responsibilities apply to all project management and development processes utilized in the project.

The SI Contractor, in coordination with the State-led PMO, plays a key role in setting standards, initiating effective contractor participation, monitoring progress, and facilitating ongoing activities. These responsibilities follow the same organization as originally communicated in the SI RFP:

- Integration and Migration Planning
- Integrated SDLC Approach
- MITA Strategy Integration - Alignment with “To Be” Level and CMS Seven Conditions and Standards
- Integrated Work Breakdown Structure
- Integrated Master Schedule Management
- Enterprise Governance Planning and Implementation
- Integrated Master Requirements Management
- Integrated Communications and Engagement Strategy
- Integrated Master Security Management
- Integrated MMISR System Migration Planning and Leadership
- Integrated Configuration and Change Control Management
- Integrated Test Management and Coordination
- Integrated Master Transition Planning and Management
- Systems Migration Services
- Coordination with Data Governance Council
- Conversion of Historical Data
- Integrated Test Planning and Execution
- Integrated Training on the Solution
- Enterprise Tactical Operations Oversight
- Manage Service Levels
- Consolidated Disaster Recovery Planning
- Capacity Planning
- Performance Monitoring and Dashboard
- Integration Testing and Final Acceptance Testing
- State and Federal Certifications
- Platform and Operations Monitoring
- Technical Support and Help Desk
- Application Support for Solutions, Tools and Products
- Maintenance and Operations
- Enterprise Business Process Assistance

3.3 Schedule Management

The project Schedule Management Plan provides a detailed description of the project's schedule management processes. Schedule management is used by the SI Contractor, module contractors, and the State-led PMO for planning, monitoring, and controlling the project's Integrated Master Schedule (IMS). The IMS will contain work plans from NM's project teams and every module contractor and will incorporate all WBS elements of the HHS 2020 initiative.

The schedule management planning process defined in the MMISR project Schedule Management Plan is used to develop the project IMS. The IMS contains linked tasks with planned dates, durations, milestones, and assigned resources. The MMISR State-led PMO reviews and approves modifications to the IMS and authorizes sending the IMS for CCB approval of changes to the baseline schedule. The key benefit of using this process is that it determines the schedule against which the actual schedule performance of the project will be monitored and controlled. The schedule status management monitoring and controlling processes are used to monitor the status of the MMISR project, update the MMISR project schedule with actual data to reflect the project status, identify deviations from the MMISR project schedule baseline, and proactively identify schedule and/or resource risks so that they can be mitigated before becoming issues. MMISR project schedule baseline changes, managed by the MMISR change control processes, are detailed in the Schedule Management Plan.

The SI Contractor is responsible for consolidating all MMISR schedules into the IMS to enable full enterprise-level visibility into MMISR project schedule performance.

The following link is for the IMS maintained in the MMISR project SharePoint site:

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3.4 Cost Management

Cost management is a process used by the State-led PMO for planning, monitoring, and controlling the MMISR project budget. The cost management planning processes aggregate project activity cost estimates to establish a cost baseline. The key benefit of this process is that it determines the cost baseline against which the MMISR project actual costs can be monitored and controlled throughout the MMISR project. The cost management monitoring and controlling processes monitor the MMISR project actual costs against the cost baseline and identify changes to the project cost baseline. MMISR project cost baseline changes are managed by the project change control management processes, detailed in the Project Change Control Management Plan.

MMISR project cost management is excluded from the MMISR SI Contractor's project scope. NM HSD is responsible for MMISR project cost management.

3.4.1 Project Budget

The MMISR project budget is shown below in Table 4: Project Budget. Additional Information about project financials is located in the Financial Management Plan in the HHS 2020 document library.

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Table 4: Project Budget

Project Budget	SFY16 &Prior	SFY17	SFY18	SFY19	SFY20	SFY21	SFY22	Totals
State Staff	$564,383	$835,544	$1,899,701	$6,446,575	$6,502,401	$2,026,500	$183,077	$18,458,182
Contracts	$3,805,229	$11,879,327	$10,706,123	$59,257,492	$54,916,310	$16,054,714	$766,220	$157,385,415
Staff Augmentation	$753,470	$2,963,038	$3,409,800	$7,075,103	$6,695,048	$2,951,288	$266,220	$24,113,966
Other Contracts	$3,051,759	$8,916,289	$7,296,323	$52,182,389	$48,221,262	$13,103,426	$500,000	$133,271,449
Hardware	$0	$10,558	$70,471	$2,631,038	$126,872	$21,222	$0	$2,860,162
Software	$7,733	$126,278	$ 1,553,042	$6,967,0009	$1,695,397	$860,613	$0	$11,210,072
Training	$999	$0	$0	$154,616	$3,586,962	$588,846	$0	$4,331,424
Other	$0	$8,694	$9,467	$18,375	$4,800	$2,400	$0	$43,736
Total	$4,378,345	$12,860,401	$14,238,804	$75,475,106	$66,832,743	$19,554,295	$949,297	$194,288,990

3.4.2 Project Budget Management

The MMISR project cost plans are captured in and reported from NM's SHARE financial management system. Budget tracking is part of financial management and is reported on a weekly and monthly basis. The project Financial Management Plan and related reports are housed in the MMISR Financial Executive Documents folder in SharePoint.

3.5 Change Control Management

The project Change Control Management Plan provides a detailed description of the MMISR project change management process. This section of the PMP provides an overview of that process.

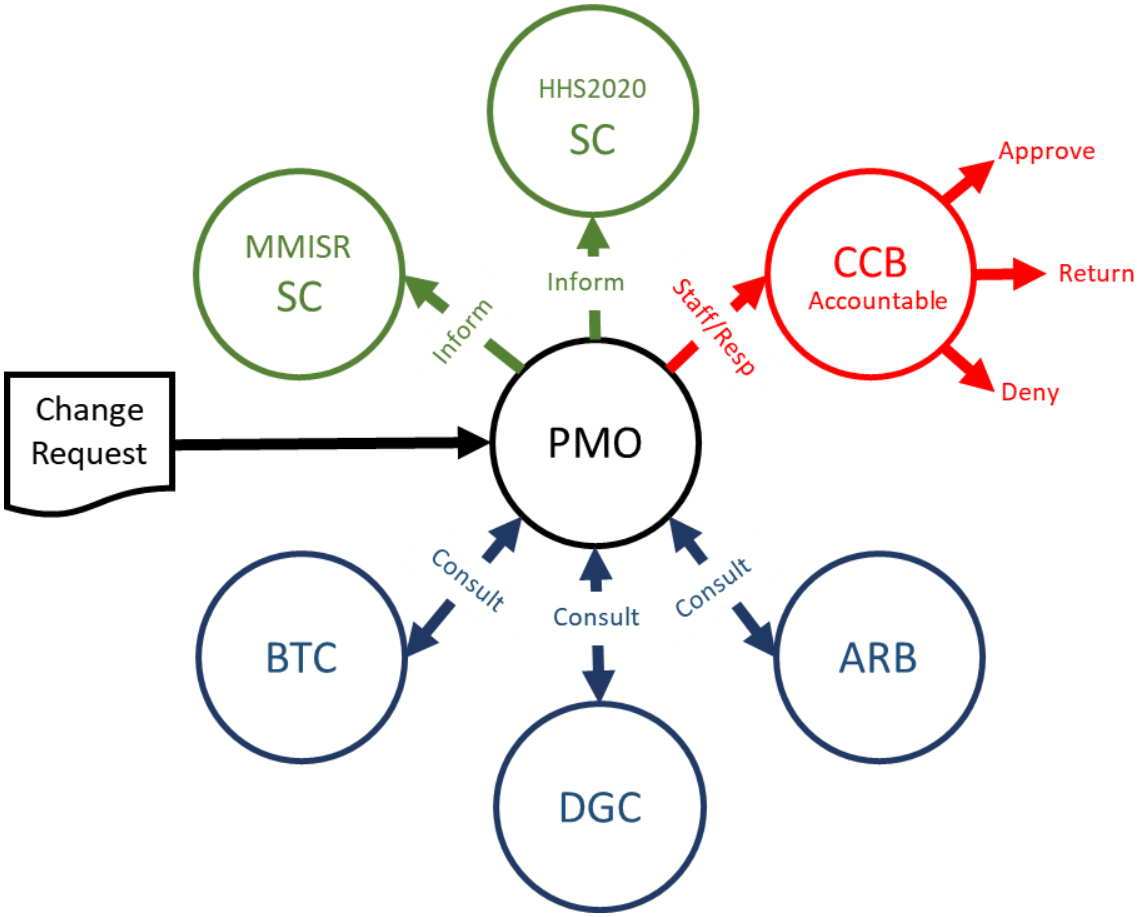
The goal of the change control management process is to ensure that 1) changes are introduced in a controlled and coordinated manner, and 2) standardized methods and procedures are used for efficient and prompt handling of changes, thereby minimizing the impact of changes upon project execution.

The change management process establishes orderly and effective procedures for tracking the submission, coordination, review, evaluation, categorization, and approval for all changes.

The Change Control Management Plan encompasses technical, data, and business changes and any combination of these areas. For example, a change request that is technical in nature may also affect a business process. The enterprise Change Control Management Plan considers technical, data, and business impacts for each change.

Figure 3: MMISR Governance provides a diagram of the change request management governance structure for the MMISR project. Each governance body involved in the review, assess, and approval/deny process is represented in this figure.

Figure 2: MMISR Governance



3.6 Configuration Management

The project Configuration Management Plan provides a detailed description of the MMISR project configuration management process. This section of the PMP provides an overview of that process.

Configuration management is used by the SI Contractor, module contractors, and the State-led PMO to ensure MMISR project system integrity by identifying and tracking MMISR project hardware, software, and documentation of Configuration Items (CIs) in the project Configuration Management Database. Information about CIs is documented at the project's outset by identifying, defining, and baselining the initial CIs. The configuration management process controls modifications to CIs, reports and records the status of CIs and any requested modifications, ensures completeness, consistency, and correctness of CIs, and controls the storage, handling, and delivery of CIs.

3.6.1 Configuration Management Tools

The tools listed in Table 5 reflect those required to support the MMISR configuration management.

Table 5: Configuration Management Process/Tools

Process	Tools
Project Management	SharePoint
Project Schedule Management	MS Project, SharePoint
Work Item Management	Jira
Requirements Management	Jama, SharePoint
Design Management	SharePoint
Code Management	Bitbucket
Test Document Management	Xray
Test Execution Management	Xray add-on for Jira
Continuous Integration and Deployment	Bamboo/Clover
DevOps/Release Management /Operation and Maintenance (O&M)	Bitbucket, JIRA, Confluence, SharePoint
Configuration Management Database (CMDB)	BMC Discovery or similar product

3.6.2 Document Library

The MMISR project uses SharePoint as its Document Library. Access, use procedures, permissions, and controls are documented in the Document Control and Maintenance Plan.

Versioning conventions, access, and update controls to documents in the Document Library will be documented in the MMISR Configuration Management Plan.

3.7 Communications Management

The project Communications Management Plan provides a detailed description of the MMISR project communications management process. This section of the PMP provides an overview of that process.

Communications management ensures that the information needs of the MMISR project are met through the development of artifacts and the execution of activities designed to achieve effective information exchange. The Communications Management Plan also describes the communication vehicles, media, and audiences for formal communications published to internal and external stakeholders.

The Communications Matrix is a structured list of communication methods used by MMISR project stakeholders. The type of information relayed to pertinent MMISR project stakeholders is based upon the stakeholder's role in the project.

Status Meetings provide a verbal communication of the past, current, and future work of the project. Minutes from these meetings are posted to the MMISR project SharePoint Site:

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Weekly and Monthly MMISR project Status Reports are posted to the MMISR SharePoint site:

SI Contractor Weekly Status Reports:

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Project Monthly Status Reports:

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3.8 Risk Management

The project Risk Management Plan provides a detailed description of the MMISR project risk management process. This section of the PMP provides an overview of that process.

The SI Contractor, module contractors, and State-led PMO use the risk management processes to identify and analyze risks, plan responses, and track, maintain, and close risks. The SI risk manager and State-led PMO work with MMISR project stakeholders to ensure that these risk management processes are executed throughout the MMISR project.

The MMISR project team will continuously identify risks using PMBOK risk identification practices. The SI Risk Manager and the Risk Management team will meet weekly to analyze new risks, plan risk responses and oversee risk mitigation plans. The group tracks all risks and maintains the risk in the Risk Log until it has been fully mitigated, has manifested to an issue, or is no longer valid, whereupon it is closed.

3.9 Issue Management

The project Issue Management Plan provides a detailed description of the MMISR project issue management process. This section of the PMP provides an overview of that process.

Issue management is a process used by the SI Contractor, module contractors, and the State-led PMO to identify and analyze issues, plan actions, and track, maintain, and close issues. The SI Issue Manager and the State-led PMO work with MMISR project stakeholders to ensure that these issue management processes are executed throughout the MMISR project.

The MMISR project team will continuously identify issues using PMBOK issue identification practices. The SI Risk Manager and the State-led PMO meet weekly to analyze new issues and create issue action plans. This group tracks all issues and maintains the issue in the Issue Log until it has been successfully resolved or is no longer valid whereupon it is closed.

3.10 Quality Management

The project Quality Management Plan provides a detailed description of the MMISR project quality management process. This section of the PMP provides an overview of the process.

Quality management is a process used enterprise-wide to define, execute, review, and evaluate project processes that support the project team's ability to produce high quality work products and deliverables in a manner consistent with internally and externally imposed quality standards. A quality management plan is a key enabler in achieving project objectives and is an integral component of the project management approach.

The Quality Management Plan addresses quality management oversight of module contractors, including the responsibilities of each of the components, necessary compliance activities, how quality will be measured to ensure that standards are being met, and how reporting will be conducted.

Quality management is performed throughout the project life cycle with special attention to:

- **Quality Planning** – Primarily during the project planning process
- **Quality Assurance** – Primarily during the project execution process
- **Quality Control** – Primarily during the project monitoring and controlling process to include system performance and continued quality improvement over the life cycle of the MMISR project
- **Independent Verification and Validation (IV&V)** – Performed against all project processes
- **Deliverable Quality** – Assures that project deliverables meet NM HSD standards for quality and consistency

3.11 Resource Management

The project Resource Management Plan (RMP) provides a detailed description of the MMISR project staff management process. This section of the PMP provides an overview of that process.

Resource management is used by the SI Contractor, module contractors, and the State-led PMO to identify project staffing requirements as well as to recruit and train project staff. The RMP contains enterprise-level information that extends across the entire MMISR project. The RMP includes appendices for module-specific resource management plans.

All resource management plans will use the same general outline and provide minimal modifications specific to each module. The major components of each RMP are as follows:

- Introduction
- Staffing Approach and Methodology
- Staff On-Boarding and Off-boarding

3.12 Deliverables Management

Each module contractor will produce deliverables per the Scope of Work of its underlying contract with HSD. Module contractors will use the HHS 2020 SharePoint site to post Deliverable Expectations Documents (DEDs), both draft and final versions, as well as Deliverables, both draft and final versions. The module contractors will post DEDs and deliverables in folders set up for each respective module.

Each module contractor will log progress in producing deliverables in the Progress Steps tool in the SharePoint MMISR Deliverables site. NM HSD deliverable owners will also log Progress Steps corresponding to NM HSD responsibilities. Table 6: Deliverables Management Steps provides a list of the MMISR project deliverable management steps.

Table 6: Deliverable Management Steps

Step	Description	Responsible
1	Post Draft DED to SharePoint	Contractor
2	Acknowledge receipt of Draft DED	Contract Manager
3	Post Approved/Final DED to SharePoint	Owner
4	Post Draft Deliverable to SharePoint	Contractor
5	Record Completion of State Review of Draft Deliverable	Owner
6	Acknowledge Incorporation of State Comments	Owner
7	Post Final Deliverable to SharePoint	Contractor
8	Approve Final Deliverable	Owner
9	Approve for Payment	Contract Manager

3.13 Acquisition Management

The project Acquisition Management Plan provides a detailed description of the MMISR project acquisition management process. This section of the PMP provides an overview of that process.

Acquisition management is used by the SI Contractor, module contractors, and the State-led PMO for procuring hardware, software, and other MMISR project items. In addition, it documents acquisition strategies, roles and responsibilities, prerequisites, acquisition type criteria, tools and systems. Together these topics describe how all acquisitions will be planned, executed, and managed throughout the life of the MMISR project.

3.14 Asset Management

The project Asset Management Plan provides a detailed description of the MMISR project's asset management process. This section of the PMP provides an overview of that process.

The Asset Management Plan is used by the SI Contractor, module contractors, and the State-led PMO for establishing a centralized asset-tracking repository that accounts for all existing hardware and software assets. By accounting for all project assets, the Asset Management Plan facilitates the improvement of infrastructure efficiency and performance and minimizes associated overhead expenses. The Asset Management Plan also defines the tools, service levels, roles, and responsibilities for managing all MMISR project assets.

The asset management life cycle describes the sequence of phases an asset passes through during the lifespan of its ownership and is a core component of asset management. The Asset Management Plan describes the processes of the Asset Management Life Cycle that occur after the acquisition of an asset; namely Deployment, Maintenance, Tracking and Disposal.

The SI Contractor and the State-led PMO work with HSD employees, suppliers and contractors to deploy MMISR project hardware and software. This management group also monitors assets for maintenance needs, refresh cycles, performance, and functionality.

All assets are tracked in a central Configuration Management Database (CMDB). Accuracy of new additions and updates is supported by an auto-discovery tool that monitors the infrastructure and reports changes. Assets are tracked through the entirety of their lifecycle until they are ultimately retired.

3.15 Reuse

NM is making significant investments in technology to support MMIS service delivery and program management. The MMISR project approach to reuse will help prevent these investments from resulting in stand-alone solutions with minimal shared services or shared infrastructure. The CMS Seven Conditions and Standards (SCS) require states to consider reuse when planning and implementing an MMIS replacement solution. Although SCS language emphasizes sharing across states, NM is also applying these practices internally across programs and agencies that support HSD service delivery.

HSD's investments in technology assets include virtualized servers, storage area network (SAN) devices, Oracle Exadata database devices and a variety of tools to support shared utilization during development and operation. HSD's reuse approach reduces the complexity and brittleness of the technology stack and emphasizes a set of best-of-class solutions and tools that are shareable, expandable, maintainable, and are supported by an existing pool of State staff.

All MMISR procurements encourage offerors to propose a solution architecture that reuses existing technology assets to the extent that this can be done without sacrificing architectural integrity, maintainability, interoperability, scalability or flexibility. RFP documents include a table of reusable assets. This table is also included in this document as Appendix E: Reusable Assets Available to the SI and module contractors.

NM also participates in the national MMIS cohort and multi-state modularity group cohort calls which foster the discovery and sharing of reuse opportunities. These interactions, along with access to the CMS Zone, enable interstate system reuse, document sharing, and strategy collaboration.

4 System Development Approach

The MMISR project will organize, develop, manage, and report the work and progress of the project according to three defined and essential System Development Life Cycles:

- CMS Medicaid Enterprise Certification Life Cycle (MECL)
- NM DoIT certification gates and phases
- MMISR development approach

4.1 CMS MECT Medicaid Enterprise Certification Life Cycle

The MMISR project follows the requirements of the CMS Medicaid Enterprise Certification Life Cycle to plan the overall sequence and major milestones of the project. The MMISR development approach integrates its deliverables into this high-level lifecycle by sequencing the work to support CMS lifecycle milestone reviews. The major components of the CMS life cycle are as follows:

- Initiation and Planning
- R1 Project Initiation Milestone Review
- Requirements, Design and Development
- Integration, Test and Implementation
- R2 Operational Milestone Review(s)
- Operations and Maintenance
- R3 MMIS Certification Final Review(s)

4.2 NM Department of Information Technology Certification Gates and Phases

The MMISR project complies with the guidelines laid out by the NM DoIT, the State oversight agency for all NM technology projects. The DoIT project life cycle organizes project work according to milestones that authorize the project to proceed through phase gates and to receive funds authorized by the NM legislature. The major components of the NM DoIT life cycle are as follows:

- Initiation Phase Certification
- Planning Phase Certification
- Implementation Phase Certification
- Project Closeout Presentation

4.3 MMISR Development Approach

The MMISR project will use a waterfall system development life cycle (SDLC) methodology to organize project activities from initiation to closure at the highest level. Since the module deployments will utilize some form of waterfall project management, the overall development and implementation of the MMISR project will be comprised of many SDLC tracks nested within the overall solution deployment. There are 17 primary SDLC tracks within the SI scope of work. Some of the SI SDLC tracks have many smaller SDLC tracks within them. SDLC tracks will each have their own start and end dates and be allowed to overlap other SDLCs as needed based on priority, resource availability, and interdependencies.

A standardized definition will be applied across SDLCs, although some variations will be used. The general template for SDLC development is comprised of the deliverables listed below:

- Requirements Definition
- Design
- System Test Plan
- Agency Acceptance Test Plan
- Application Development Verification
- System Test Report
- Agency Acceptance Test Report

Atypical workstreams cannot be managed in a single SDLC track because much of the work cannot be defined at the outset of the project. The project will use an iterative SDLC approach for these workstreams. Atypical work streams defined at the beginning of the project include interface identification and deployment, service orchestration and continuous integration.

The MMISR project will use a methodology of ongoing configuration and continuous integration. This methodology is documented in the project's Configuration and Continuous Integration Services (CCIS) management plan which describes the central coordination and prioritization processes for integrating all components of the MMISR project. The CCIS plan describes how the Enterprise Service Bus, Medicaid modules, and business capabilities will be configured and integrated into the overall HHS 2020 enterprise solution. It describes the processes for grooming backlogs of integration needs across the MMISR project. The SI contractor will work with the State-led PMO to engage with HHS 2020 stakeholders to coordinate, plan and implement services for configuration and continuous integration.

4.4 Addendums

Addendums are used to specify SI and module contractor process additions or deviations from the system development approaches described in the enterprise requirement, design, development, and/or test plans. If the SI and/or module contractors, in coordination with the State-led PMO, determine the need for a system development addendum, then the following addendum preparation, review and approval process will be executed:

- The module contractor prepares and posts the draft addendum to the MMISR project SharePoint site.
- The module contractor conducts a walkthrough of the draft addendum with NM HSD.
- NM HSD posts their draft addendum comments to the MMISR project SharePoint Site.
- The module contractor prepares and posts to the MMISR project SharePoint site the final addendum that incorporates HSD's comments.
- The NM HSD team reviews and approves the final addendum.

Once the addendum has been approved, the module contractor executes the processes defined in the system development enterprise plan (e.g., Requirements Management Plan) along with the process deviations specified in the addendum.

5 CMS MMIS Certification

As part of CMS certification, the PMP will be reviewed during the following Medicaid Enterprise Certification Life Cycle activities:

- R1: Project Initiation Milestone Review
- R2: Operational Milestone Review

Table 7 identifies the minimum required content of this Project Management Plan for each review, per the CMS Medicaid Enterprise Certification Toolkit (MECT) Version 2.3, Appendix B.

Table 7: Appendix B Items with Associated CMS Milestone Reviews and Sections

Appendix B Items	R1	R2	R3	Applicable PMP Sections
Modularity Plans	✓	✓	N/A	2.1
Reuse Plans	✓	✓	N/A	3.15
Procurement Plans	✓	✓	N/A	3.13
Plans to Ensure Quality	✓	✓	N/A	3.10
Plans for Managing Communications and Stakeholders	✓	✓	N/A	3.7
System Development Life Cycle	✓	✓	N/A	4
Change Management Plan	N/A	✓	✓	3.5

This plan may also be reviewed during informal reviews requested by CMS.

The MECT Checklist Items that are attributable to the PMP are located in Appendix D: MECT Checklist.

6 Applicable Standards

The following is an initial set of standards applicable to this Project Management Plan. These standards are subject to change over time:

- PMI Project Management Body of Knowledge (PMBOK 6 Edition)
- Information Technology Infrastructure Library (ITIL) V3 framework
- Capability Maturity Model Integration (CMMI) Maturity Level 4

7 Assumptions, Constraints, and Risks

This section documents assumptions, constraints, and risks for the deliverable.

7.1 Assumptions

This section identifies the statements believed to be true and from which a conclusion was drawn to define this project charter.

- NM HSD executives support the HHS 2020 initiative and the MMISR project to the degree required to ensure resource availability, timely decision-making, and appropriate oversight and management.
- State and federal funds will be available to support the project minimum requirements.

Any assumptions regarding the PMP subsidiary plans will be specified within those plans.

7.2 Constraints

This section identifies any limitations that must be taken into consideration during project planning and execution:

- Adequacy and timing of funding requests approved by the State and by CMS.
- Availability and number of State staff to work on the project as Subject Matter Experts (SMEs), PMO team members, executive oversight, and/or other support roles
- Adherence to State processes for funds allocation and approval for use
- State appropriation of funds to support project budget and timeline
- Contractor execution to agreed-upon timelines to complete their own work and to comply with coordination requirements and inter-contract dependencies

Any constraints regarding the PMP subsidiary plans will be specified within those plans.

7.3 Risks

All MMISR project risks are maintained in the MMISR project SharePoint Risk Log accessible from the following link:

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8 Requirements Traceability

This section documents requirements satisfied by the deliverable. This deliverable meets the following requirements:

Request for Proposal (RFP):

- Page 99. Section 2.2., Section 2.2.1.
- Page 100. Section 2.2.1.1.
- Page 101. Section 2.2.1.2., Section 2.2.1.3.
- Page 102. Section 2.2.1.4., Section 2.2.1.5.
- Page 106. Section 2.2.1.6., Section 2.2.1.7.
- Page 107. Section 2.2.1.8.
- Page 108. Section 2.2.1.9., Section 2.2.1.10.
- Page 110. Section 2.2.1.11.
- Page 111. Section 2.2.1.12., Section 2.2.2.13., Section 2.2.1.14.
- Page 112. Section 2.2.1.15.

Proposal:

- Page 35. Section: 1.3.4., Section 1.3.4.1.
- Page 36. Section 1.3.4.1.1.
- Page 37. Section 1.3.4.1.2.
- Page 39. Section 1.3.4.1.3.
- Page 41. Section 1.3.4.1.4., Section 1.3.4.1.6.
- Page 42. Section 1.3.4.1.7., Section 1.3.4.1.8.
- Page 43. Section 1.3.4.1.9.
- Page 44. Section 1.3.4.1.10.
- Page 45. Section 1.3.4.1.11.
- Page 47. Section 1.3.4.1.12.
- Page 48. Section 1.3.4.1.13.1.
- Page 50. Section 1.3.4.1.14.

Statement of Work (SOW):

- PMO1 – Project Management Plan
- PMO2 – Staffing Model and Resource Management Plan
- PMO3 – Communications Management Plan
- PMO5 – Project Schedule
- PMO6 – Schedule Management Plan
- PMO7 – Risk Management Plan
- PMO10 – Change Control Management Plan
- PMO11 – Configuration Management Plan
- PMO13 – Quality Management Plan
- PMO18 – Acquisition Plan
- PMO19 – Asset Management Plan
- PMO23 – Program and Project Management Services and Status Report
- SECURITY1 – Security Approach Plan

9 Appendices

9.1 Appendix A: Record of Changes

Changes to any part of the Project Management Plan after initial approval will follow the accepted Change Management Process documented in the MMISR Change Control Management Plan and will be recorded in the following table.

Table 8: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.7	04/18/2017	James Lilly	First approved version
1.1	2/16/2018	Gary Rees	Added appendix with Record of Changes. Updated overview section. Corrected versioning, moving from .7 to 1.1. (.7 should have been 1.0)
1.2	10/24/2018	Adrian Ball	Final a. Incorporated verbiage from legacy NM HSD PMP b. Addressed NM HSD feedback received at 9/11 and 9/13 POA&M meetings with NM HSD c. Incorporated NM HSD inputs received on 10/4, 10/13 and 10/16 d. Incorporated Change Control Management Approach Section of 10/21 Change Control Management Plan as requested by the NM HSD
1.3	12/17/2018	Paul Price & Gary Rees	Substantial rewrite of entire document
1.4	12/18/2018	Adrian Ball	Incorporated NM HSD's updates to Sections 1, 2, 3, 5 and 9 of Version Number 1.2
2.0	1/18/2019	Adrian Ball	Performed the following: a. Inserted baseline WBS b. Inserted SharePoint link to IMS c. Inserted Project Milestone Dates d. Conducted QA Review
3.0	1/30/2019	Adrian Ball	Updated based on final review for style and formatting.

9.2 Appendix B: Glossary

A glossary of project-specific terminology is maintained on the MMISR project SharePoint site.

9.3 Appendix C: List of Acronyms

The deliverable will include a List of Acronyms in the following form. For a comprehensive, project-wide list of acronyms, consult the Master Acronyms list on the SI Contractor team SharePoint site at Shared Resources on SharePoint.

Table 8 provides a list of all acronyms used in this document.

Table 9: List of Acronyms

Acronym	Definition
ALTSD	Aging and Long-Term Services Department
API	Application Programming Interfaces
ARB	Architecture Review Board
ASPEN	Automated System Program and Eligibility Network
BAs	Business Analysts
BHSD	Behavioral Health Services Division
BI	Business Intelligence
BMS	Benefit Management Services
BOM	Bills of Materials
BTC	Business Transformation Council
BPO	Business Process Outsourcing
CCB	Change Control Board
CCSC	Consolidated Customer Service Center
CIO	Chief Information Officer
CIs	Configuration Items
CMDB	Configuration Management Database
CMMI	Capability Maturity Model Integration
CMS	Centers for Medicare and Medicaid Services

Acronym	Definition
COTS	Commercial-Off-the-Shelf
CSED	Child Services Enforcement Division29229
CSES	Child Support Enforcement Services
CSF	Critical Success Factors
CYFD	Children, Youth and Families Department
DED	Deliverable Expectations Documents
DGC	Data Governance Council
DMT	Deliverable Management Team
DoH	Department of Health
DoIT	Department of Information Technology
DQM	Data Quality Management
DS	Data Services
DUR	Drug Utilization Review
EA	Enterprise Architecture
EDM	Electronic Document Management
EDW	Enterprise Data Warehouse
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ESB	Enterprise Service Bus
FADS	Fraud and Abuse Detection
FFP	Federal Financial Participation
FS	Financial Services
FTI	Federal Tax Information
HHS	Health and Human Services
HSD	Human Services Department
ICF-MR	Intermediate Care Facilities for the Mentally Retarded
IMAC	Installed, Moved, Added, and Changed

Acronym	Definition
IMS	Integrated Master Schedule
IRS	Internal Revenue Service
ISP	Individual Support Plan
ISRA	Information System Risk Assessment
ITAM	IT Asset Management
ITD	Information Technology Division
ITIL	Information Technology Infrastructure Library
IV&V	Independent Verification and Validation
JAR	Joint Application Requirement
KPIs	Key Performance Indicators
LOC	Level of Care
LTSS	Long-Term Care Services and Supports
MAD	Medical Assistance Division
MARS-E	Minimum Acceptance Standard for Exchanges
MCI	Master Client Index
MCO	Managed Care Organization
MDM	Master Data Management
MECL	Medicaid Enterprise Certification Life Cycle
MECT	Medicaid Enterprise Certification Toolkit
MFCU	Medicaid Fraud Control Unit
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MMISR	Medicaid Management Information System Replacement
MPI	Master Provided Index
NM	New Mexico
OAG	Office of the Attorney General

Acronym	Definition
OIG	Officer of Inspector General
O&M	Operation and Management
PCC	Protect Certification Committee
PCR	Project Change Request
PIA	Privacy Impact Analysis
PL-1	Planning-1
PMBOK	Project Management Body of Knowledge
PMI	Project Management Institute
PMO	Project Management Office
PMP	Project Management Plan
PO	Purchase Order
POC	Plan of Care
PR	Purchase Requisition (PR)
PWA	Project Web App
QA	Quality Assurance
QAT	QA Testing
RA	Recovery and Audit
RACI	Responsible, Accountable, Consult and Inform
RFQ	Request for Proposal
RTM	Requirements Traceability Matrix
SAR	System Access Request
SCS	CMS Seven Conditions and Standards
SDLC	System Development Life Cycle
SSP	System Security Plan
SI	System Integrator
SLAs	Service Level Agreements

Acronym	Definition
SMEs	Subject Matter Experts
SOA	Service Oriented Architecture
SOW	Statement of Work
SWOT	Strengths, Weakness, Opportunities, Threats
TARC	Technical Architectural Review
TCO	Total Cost of Ownership
TPL	Third Party Liability
UPI	Unified Public Interface
WBS	Work Breakdown Structure
XLC	Expedited Life Cycle

9.4 Appendix D: MECT Checklist

There are no MECT Checklist items attributable to this deliverable.

9.5 Appendix E: Reusable Assets Available to the SI and Module Vendors

Table 10: Current NM HSD Assets That May Be Reused by the SI

Contractor	Product	Purpose	Version	Comments
Corticon	Corticon	Business rules engine	5.3.4.6	Customized/modified; Planned for upgrade to 5.5
Hewlett Packard	Exstream	Notices Generation	2.3.2	Additional licenses may be required depending on requirements
IBM	Websphere	Application Server	8.0.0.10	Planned for upgrade to 8.5. Additional licenses may be required depending on requirements
Informatica	Informatica Identity Resolution	MCI Clearanc	9.2	Additional licenses may be required depending on requirements
SMA	Opcon	Batch management	5.1	Additional licenses may be required depending on requirements
Oracle	Oracle Database Edition	RDBMS	RDBMS	N/A
IBM	Clearquest	Defect tracking	8.0.0.05	Additional licenses may be required depending on requirements
IBM	Clearcase	Version control	8.0.0.05	Additional licenses may be required depending on requirements
Genuitec	MyEclipse	Development IDE	10.7	Additional licenses may be required depending on requirements

Contractor	Product	Purpose	Version	Comments
CA	Erwin	Data modeling software	9.64	Additional licenses may be required depending on requirements
Nessus	Security Center	Security scanning	5.1	Additional licenses may be required depending on requirements
Symantec	Scan Engine	Anti-Virus	7	Additional licenses may be required depending on requirements
Splunk	Splunk Core	Log Analytics	6.2.5	Additional licenses may be required depending on requirements
Vormetric	Vormetric	Encryption at rest	5.1	Additional licenses may be required depending on requirements
Microsoft	Active Directory	Domain Controller	2008	N/A
VMware	vSphere	Virtualization platform	5.5	Additional licenses may be required depending on requirements
VMware	View	Desktop virtualization	4.x	Will be upgrading to version 5.x. Additional licenses may be required depending on requirements
Red Hat	Linux	Operating System	6.11	Additional licenses may be required depending on requirements
Microsoft	Windows	Operating System	2008 R2	Additional licenses may be required depending on requirements
Symantec	NetBackup	Backup software	7.7.2	Additional licenses may be required depending on requirements

Contractor	Product	Purpose	Version	Comments
EMC	Recover Point	Storage Replication	4,5	Additional licenses may be required depending on requirements
VCE	vBlock	Virtualization Infrastructure	320GX	Additional hardware may be required depending on requirements
Oracle	Exadata	Database Infrastructure	X5-2	N/A
Simplivity	OmniCubes	Virtualization hosts	CN3000	Could be expanded by adding more units
CISCO	ASA 5585	Firewall	9.1	N/A
F5	BIG IP 6900	Load Balancers	11.3	N/A
EMC	Data Domain	Backup Storage	5.4	Additional hardware may be required depending on requirements