

2022 - 2024 IT Strategic Plan

Agency: 602 Department of Medical Assistance Services

Date: 9/24/2022

Current IT State

In this section, describe the high-level strategy the agency will use to manage existing operational IT investments over the next year to 5 years. This section should align with identified Business Requirements for Existing Technology (BReTs). At minimum, please address the following questions in your description of your agency's strategy for managing existing operational IT investments:

Are there existing IT investments that will require additional funding over the next year to 5 years, such as license renewals, re-competition of current IT contracts, or system enhancements required by the Agency Strategic Plan?

If there are systems that will no longer support the agency's business needs, either through poor performance or excessive cost, how does IT leadership in the agency plan to address the issues?

If the agency does not have the staff or funding to meet increasing demand for IT services, how will IT leadership fulfill the requests?

**Are there existing IT investments that will require additional funding over the next year to 5 years, such as license renewals, re-competition of current IT contracts, or system enhancements required by the Agency Strategic Plan? DMAS plans to continue using the solutions currently in operation including the recently implemented Medicaid Enterprise Solution (MES) System (described below) for the next five years. MES is the core system utilized to fulfill DMAS business needs. The existing systems will need to be rebid and enhancements made in some instances. Please refer to section 2 on details of existing applications that are due for re-procurement this biennium.

DMAS has an Agency Mission Statement to provide access to a comprehensive system of high quality and cost effective health care services to qualifying Virginians. Additionally, DMAS has an Agency Vision Statement to become a recognized leader in the administration of health care programs in Virginia and among state Medicaid agencies.

To support the Agency Mission and Vision, DMAS Information Management Division per the 22 – 24 Biennium offers the following IT Strategic Plan (ITSP). The ITSP focuses on the following areas:

In 2015, the Virginia Department of Medical Assistance Services (DMAS) embarked on a path to replace its aging Medicaid Management Information System (MMIS) with a modern, modular Medicaid Enterprise Solution (MES), pursuant to new standards set forth by the Centers for Medicare and Medicaid Services (CMS). For the last seven years, DMAS has worked aggressively to implement the new MES, seeking to improve the agency's agility to deploy solutions quickly, while meeting the rising demands for new services and increased access for its members, providers, and stakeholders.

On April 4, 2022, Virginia became the first state in the nation to successfully launch a system of this magnitude and complexity. The MES ecosystem encompasses member, provider, reference, claims, financials, federal reporting, care management, and network infrastructure functions. Key features of the new enterprise system include:

- All Modules are secured by a MES Single Sign On (SSO) capability
- All Modules are part of the MES Intranet, which securely connects public and private data centers across the country
- Uses near real time and real time services to exchange provider, member and security information
- All files are exchanged using a central Managed File Transfer (MFT) system through the system integrator (Integrated Services Solution, or ISS) connecting fifteen vendors and nine sister agencies
- The Provider Services Solution (PRSS) provides a state of the art modern Provider Management System with self-serve capabilities to manage profiles and roles, and enables CURES ACT compliance
- Care Management Solution (CRMS) and Encounter Processing System (EPS) were developed in house by DMAS technology team using the latest tools.

- A modern Enterprise Data Warehouse Solution (EDWS) allows for advanced analytics and reporting
- Upgraded core MMIS components to integrate with other modules

Additionally, DMAS Information Management (IM) conceptualized, implemented, and staffed a fully functional technical support center in only five weeks, in concert with other modular help desk systems.

Over the last several years, the agency, along with its suppliers and external partners, have worked aggressively with the common pursuit of delivering a successful, fully functional MES that supports the DMAS mission to improve the health and well-being of Virginians through access to high quality health care coverage.

****If there are systems that will no longer support the agency’s business needs, either through poor performance or excessive cost, how does IT leadership in the agency plan to address the issues? ****

No such system is currently identified.

****If the agency does not have the staff or funding to meet increasing demand for IT services, how will IT I**

Factors Impacting the Current IT

In this section, the agency will describe the changes in their business environment that will require or mandate changes to the agency's current IT investments. These are requirements and mandates from external sources, such as other agencies or business partners, the agency's customer base, product and service providers, or new federal or state legislation or regulations. The agency must identify the business value of the change, any important deadlines that must be met, and the consequences if the deadlines are not met. In your discussion, be sure to note whether the proposed enhancements are funded or not. If the agency's existing current IT investments will not need enhancement due to requirements or mandates from external sources in the foreseeable future, the agency should enter the following text rather than leave the Factors Impacting the Current IT section blank

For each mandated change, summarize your agency's response from your Agency Strategic Plan, and is it the opinion of agency IT leadership that the IT portion of the response is adequately funded?

Do the mandated changes effect IT in other Commonwealth agencies, or in other states? If so, how?

Primary factors necessitating changes to DMAS IT portfolio in next 5 years are related to existing contracts expiring, additional mandates made by Center for Medicare & Medicaid Services(CMS) and changes to State legislation. We have described in detail the systems that will either require to be procured or will maintain in standard operations.

****For each mandated change, summarize your agency response from your Agency Strategic Plan, and is it the opinion of agency IT leadership that the IT portion of the response is adequately funded? ****

Yes, DMAS IT initiatives listed here are adequately funded with a combination of State Budget appropriation and Federal funding received from CMS.

****Do the mandated changes effect IT in other Commonwealth agencies, or in other states? If so, how? ****

IT in other agencies will not be impacted with the system changes described below.

1) Fiscal Agent System (FAS)/MMIS Takeover RFP: The current Core Services Solution, referred to as the MES MMIS module, represents an integration of parts of the Virginia MMIS with the other MES modules. The parts of the Virginia MMIS being used were originally implemented in 2003. The components of the Virginia MMIS being used for the Core Services Solution provide the following high-level functions:

- Managing member information
- Processing claims
- Creating capitation payments
- Maintaining reference data
- Generating payments
- Operational support, including call center and mailroom functions

The current contract for the Core Services Solution is scheduled to end June 30, 2022, with an option for an additional 1 year extension. Therefore the Agency wants to pursue a takeover of the current Core Services Solution,

with the possibility a limited number of critical and potentially high-priority enhancements to meet some of the Agency's short-term requirements. Examples of the critical enhancements being considered include a member portal and security upgrades.

The RFP will either address a Takeover with critical enhancements or a Takeover with critical and high-priority enhancements.

2) Sole Source for MMIS Continuity: 2 year sole source with extensions to continue the current MMIS until the FAS/Takeover RFP can be successfully solicited.

3) Dental Benefit Administrator/Smiles for Children Services & Solution RFP: The Department of Medical Assistance Services (DMAS) is soliciting proposals from qualified firms for a Virginia Medicaid/Medicaid Adult Pregnant Women/FAMIS Plus/FAMIS MOMS and FAMIS Dental Benefits Administrator (DBA).

Duties of the DBA will include strengthening the Smiles For Children program in terms of enhanced network access to quality dental and specialty providers, monitoring and encouraging appropriate pediatric dental utilization, and effective program integrity activities.

The qualified Supplier shall also be responsible for monitoring and encouraging appropriate dental utilization for targeted populations through dental disease prevention, outreach, and educational activities. The selected DBA will promote the Smiles For Children dental program; conduct provider and enrollee outreach activities; handle enrollee and provider services issues; interface with the Virginia Medicaid Management Information System (VAMMIS)/Medicaid Enterprise System, and submit encounter data per established criteria outlined in this RFP

4) Enrollment Broker Services & Solution: The Department of Medical Assistance Services (DMAS) is soliciting proposals from qualified firms for the education and enrollment of Medicaid eligible members into the Virginia Medicaid mandatory and voluntary Managed Care Programs.

Duties of the Supplier shall include operating as the department's Enrollment Broker (EB), along with other enrollment related activities.

The selected EB will operate a statewide call center providing managed care education and MCO choices and quality driven customer service, update and maintain the Virginia Managed Care and Commonwealth

Proposed IT Solutions

In this section, describe the high-level strategy the agency will use to initiate new IT investments over the next year to 5 years in support of the agency strategic objectives documented in your Agency Strategic Plan. The agency does not need to consider specific technologies at this time, however, the strategy should identify how the IT implementation will provide business value to the organization. This section should align with identified Business Requirements for New Technology (BRnTs). At minimum, please address the following questions in your description of your agency's strategy for initiating new IT investments:

What are the most important solutions, based on the priority assigned to the requirements by the business sponsors in your agency, and what is the approach to achieving these priority solutions?

If any new IT initiatives will be started in the upcoming budget biennium, is it the opinion of agency IT leadership that it is adequately funded?

Does the agency's current IT staff have the appropriate skill set needed to support future agency technologies? If not, what skill sets need to be acquired?

If the agency will be engaged in multiple new IT initiatives, how will agency IT staff and agency subject matter experts be used across the initiatives?

****What are the most important solutions, based on the priority assigned to the requirements by the business sponsors in your agency, and what is the approach to achieving these priority solutions?***

In addition to the systems listed above in this section we will provide summary of significant new initiatives.

1) Fiscal Agent Services (Already Described Above)

2) Patient Access and Interoperability (HITECH I&PA):

The CMS Interoperability and Patient Access Final Rule, published in the Federal Register May 1, 2020, is part of a long and ongoing federal government effort to promote and facilitate easier access to electronic health information for patients, providers, and payers. The CMS Interoperability and Patient Access Final Rule and its companion, the Cures Act Final Rule, also published on May 1, 2020, operationalize the interoperability provisions of the Cures Act, with the goal of promoting seamless movement of patient information between payers, providers and patients. To reduce the barriers that impede the efficient exchange of patient health information, the rule will require healthcare payers regulated by DHHS to develop and implement several provisions. The following three provisions will have the greatest impact on DMAS:

- A Patient Access Application Programming Interface (API) that allows patients to easily access their claims, encounter, and clinical information through third-party applications of their choice available on home laptops, tablets, and smartphones.
- A Provider Directory API to make provider directory information publicly available to help patients find providers for care and treatment.
- A Payer-to-Payer Data Exchange to exchange certain patient clinical data at the patient's request, allowing the patient to take their information with them as they move from payer to payer.

Objectives: CMS has defined three main objectives to be accomplished with this new rule.

- Patient Access – Empowering patients by giving them access to their health information so they can make the best informed decisions about their care, all while keeping that information safe and secure.
- Connecting Healthcare through Data Exchange – Driving to value-based care by promoting seamless data exchange across the continuum.
- Technology and Standards – Promoting the use of the latest technology and standards to drive innovation and data exchange in healthcare.

****Does the agency's current IT staff have the appropriate skill set needed to support future agency technologies? If not, what skill sets need to be acquired?***

Yes, the agency has adequate staffing of the skilled staff needed to support these initiatives. The staff is a combination of FTEs and contractors.

****If the agency will be engaged in multiple new IT initiatives, how will agency IT staff and agency subject matter experts be used across the initiatives?***

Training of Agency IT staff is included in the new procurements being proposed.

IT Strategic Plan Budget Tables

Agency:	602 Department of Medical Assistance Services
Date:	9/24/2022

Current IT Services				
	Costs Year 1		Costs Year 2	
Category	GF	NGF	GF	NGF
Projected Service Fees	\$3,367,621.00	\$6,827,171.00	\$3,468,650.00	\$7,031,986.00
VITA Infrastructure Changes				
Estimated VITA Infrastructure	\$3,367,621.00	\$6,827,171.00	\$3,468,650.00	\$7,031,986.00
Specialized Infrastructure				
Agency IT Staff	\$2,859,569.00	\$5,808,791.00	\$2,873,866.00	\$5,834,820.00
Non-agency IT Staff	\$816,250.00	\$2,373,750.00	\$979,499.00	\$2,848,499.00
Cloud Computing Service	\$7,086,548.00	\$18,011,432.00	\$8,503,858.00	\$21,613,718.00
Other Application Costs	\$427,967.00	\$465,901.00	\$513,560.00	\$559,081.00
Total:	\$14,557,955.00	\$33,487,045.00	\$16,339,433.00	\$37,888,104.00

Proposed IT Investments				
	Costs Year 1		Costs Year 2	
Category	GF	NGF	GF	NGF
Major IT Projects:	\$1,384,701.00	\$12,462,307.00	\$1,202,387.00	\$6,403,161.00
Non-Major IT Projects:	\$409,014.00	\$2,086,243.00	\$283,507.00	\$2,000,608.00
Agency-Level IT Projects:	\$188,307.00	\$1,694,761.00	\$16,000.00	\$144,000.00
Major Stand Alone IT Procurements:	\$44,011,480.00	\$69,828,355.00	\$48,226,479.00	\$86,273,354.00
Non-Major Stand Alone IT Procurements:	\$293,570.00	\$741,570.00	\$247,593.00	\$247,593.00
Agency-Level Stand Alone IT Procurements:				
Procurement Adjustment for Staffing:				
Total:	\$46,287,072.00	\$86,813,236.00	\$49,975,966.00	\$95,068,716.00

Projected Total IT Budget				
	Costs Year 1		Costs Year 2	
Category	GF	NGF	GF	NGF
Current IT Services:	\$14,557,955.00	\$33,487,045.00	\$16,339,433.00	\$37,888,104.00
Proposed IT Investments:	\$46,287,072.00	\$86,813,236.00	\$49,975,966.00	\$95,068,716.00
Total:	\$60,845,027.00	\$120,300,281.00	\$66,315,399.00	\$132,956,820.00

Business Requirements For Technology

Agency:	602 Department of Medical Assistance Services
Date:	9/24/2022
BRT - Medicaid Dental Program	
BRT Type:	Business Requirement for New Technology
Date Submitted:	3/5/2021
Mandate:	Yes
Mission Critical:	Yes
Description:	
<p>In September 2018, DMAS requested presentations regarding best practices in Medicaid dental programs to inform staff for the development of a Request for Proposal (RFP) for a dental benefits administrator. Since that time, two major drivers have affected the timeline for all RFPs and many contracts at DMAS: 1) the moving of the Medicaid Enterprise System (MES) implementation date from December 1, 2019 until mid-year 2020, and 2) the recently passed high-risk legislation effective July 1, 2019. (See Code of VA, §2.2-4303.01 for more information). Both drivers have required DMAS as a whole to re-evaluate release dates and timing for all of the agency's upcoming RFPs, as well as existing contract renewals and modifications. Once an anticipated timeline for the Smiles For Children RFP has been formalized, we will communicate to the vendor community through a new future procurement posting. With the anticipated RFP, the Department is again interested in gathering information on the latest industry best practices, technologies, and resources for Medicaid dental health services and supports. DMAS invites providers, plans, and other entities with experience in Medicaid dental health program benefits administration to present and submit (no more than a 20 page document), including appendices, information and resources which available in the Medicaid dental market. Also, the 2020 General Assembly expanded Medicaid Dental coverage to the entire Medicaid population.</p>	
BRT - Service Authorization and Specialty Services	
BRT Type:	Business Requirement for New Technology
Date Submitted:	3/5/2021
Mandate:	
Mission Critical:	Yes
Description:	

The project will manage the procurement and implementation of a solution for service authorization of all medical and behavioral health services for members enrolled in Virginia's Medicaid, FAMIS Plus, FAMIS and Expansion programs who are not enrolled in managed care, but are receiving services through the fee for service (FFS) delivery system.

The solution will include a dedicated toll-free call center for members, as specified above, and providers; and, specialty behavioral health services for members, as specified above as covered under FFS, including: A toll-free 24/7/365 behavioral health crisis hotline available to Medicaid members not otherwise enrolled in managed care; and, Service Registration of required behavioral health services.

Eligibility Determination Review Services

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	6/22/2021
Mandate:	Yes
Mission Critical:	
Description:	
DMAS is planning to select a qualified contractor to perform the review of the accuracy of member's eligibility determinations and stay abreast of future CMS Program Integrity initiatives regarding Medicaid and FAMIS member eligibility. DMAS provides Medicaid to individuals through two programs: a program utilizing contracted managed care organizations (MCO) and fee-for-service (FFS), which is the standard program for Medicaid and SCHIP (FAMIS).	

Enrollment Broker Services

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	5/10/2021
Mandate:	
Mission Critical:	Yes
Description:	
DMAS 3rd party vendor to walk members through proper plan sign up	

EQRO (External Quality Review Organization) - BRT

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	4/23/2021
Mandate:	Yes
Mission Critical:	
Description:	

Health Services Advisory Group, Inc. (HSAG) HSAG is an existing vendor - Independent contractor to review quality activities (EQRO). Work is mainly around federal reporting, provide an overview of quality activities. Vendor will do reporting on DMAS behalf and work with MCOs. Current contract ends 31 Jan 2022 and needs to be renewed through Bidding Process. The contract is for 8 years of which 4 years is core.

Fiscal Agent Contract Sole Source Extension

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	1/21/2022
Mandate:	Yes
Mission Critical:	Yes
Description:	
Current Fiscal Agent Contract is set to expire 06/30/2022. Although It has an option year for extension, DMAS intends to do new contract with 2 year period with options as it is in parallel working on a competitive procurement for takeover of these services which may be accomplished within the current contract period.	

General Provider Auditing Services

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	4/5/2021
Mandate:	Yes
Mission Critical:	
Description:	
DMAS is planning to select a qualified contractor to perform audits of all DMAS service providers that participate in the Virginia Medicaid program. DMAS provides Medicaid to individuals through two programs: a program utilizing contracted managed care organizations (MCO) and fee-for-service (FFS), which is the standard program for Medicaid and SCHIP (FAMIS). The Contractor shall be responsible for auditing both in-state and out-of-state providers that provide services to both Medicaid and FAMIS	

Interoperability and Patient Access (PAI)

BRT Type:	Business Requirement for New Technology
Date Submitted:	3/5/2021
Mandate:	Yes
Mission Critical:	Yes
Description:	

The CMS Interoperability and Patient Access Final Rule operationalize the interoperability provisions of the Cures Act, with the goal of promoting seamless movement of patient information between payers, providers and patients.

To reduce the barriers that impede the efficient exchange of patient health information, the rule will require healthcare payers regulated by DHHS to develop and implement several provisions. The following three provisions will have the greatest impact on DMAS:

1. A Patient Access Application Programming Interface (API) that allows patients to easily access their claims, encounter, and clinical information through third-party applications of their choice available on home laptops, tablets, and smartphones.
2. A Provider Directory API to make provider directory information publicly available to help patients find providers for care and treatment.
3. A Payer-to-Payer Data Exchange to exchange certain patient clinical data at the patient's request, allowing the patient to take their information with them as they move from payer to payer.

MES Pharmacy Benefit Management - Renewal

BRT Type:	Business Requirement for Existing Technology
Date Submitted:	8/15/2022
Mandate:	Yes
Mission Critical:	Yes
Description:	This MODIFICATION #5 is entered into pursuant to the provisions of the original contract dated March 21, 2017 and is hereby incorporated into and made an integral part of the original contract # 10035 for a Pharmacy Benefit Management Solution that was awarded to Magellan Medicaid Administration, Inc.

IT Strategic Plan Projects

Agency:	602 Department of Medical Assistance Services
Date:	9/24/2022

Medicaid Dental Program

Category 2 Investment Business Case Approval

In September 2018, DMAS requested presentations regarding best practices in Medicaid dental programs to inform staff for the development of a Request for Proposal (RFP) for a dental benefits administrator. Since that time, two major drivers have affected the timeline for all RFPs and many contracts at DMAS: 1) the moving of the Medicaid Enterprise System (MES) implementation date from December 1, 2019 until mid-year 2020, and 2) the recently passed high-risk legislation effective July 1, 2019. (See Code of VA, §2.2-4303.01 for more information). Both drivers have required DMAS as a whole to re-evaluate release dates and timing for all of the agency's upcoming RFPs, as well as existing contract renewals and modifications. Once an anticipated timeline for the Smiles For Children RFP has been formalized, we will communicate to the vendor community through a new future procurement posting. With the anticipated RFP, the Department is again interested in gathering information on the latest industry best practices, technologies, and resources for Medicaid dental health services and supports. DMAS invites providers, plans, and other entities with experience in Medicaid dental health program benefits administration to present and submit (no more than a 20 page document), including appendices, information and resources which available in the Medicaid dental market. Also, the 2020 General Assembly expanded Medicaid Dental coverage to the entire Medicaid population.

Project Start Date	9/30/2020	Project End Date	6/30/2021
Estimated Costs:	Total	General Fund	Non-General Fund
Project Cost	\$1,000,000.00	\$100,000.00	\$900,000.00
Estimated first year of biennium:	\$1,000,000.00	\$100,000.00	\$900,000.00
Estimated second year of biennium:	\$0.00	\$0.00	\$0.00

Project Related Procurements

Medicaid Dental Program - Procurement

Service Authorization and Specialty Services			
Category 4		Project Initiation Approval	
This project is to implement the Service Authotization Services for DMAS. This replaces the existing solution and combines both FFS and BHSa Service Authorizations. This is an existing and will continue to be an outsourced business function.			
Project Start Date	10/1/2020	Project End Date	12/31/2020
Estimated Costs:	Total	General Fund	Non-General Fund
Project Cost	\$400,000.00	\$250,000.00	\$400,000.00
Estimated first year of biennium:	\$250,000.00	\$50,000.00	\$200,000.00
Estimated second year of biennium:	\$0.00	\$0.00	\$0.00

Project Related Procurements

There are no procurements for this project

MES Data Warehouse			
Category 1		Project Initiation Approval	
The data warehouse solution will provide the DMAS Agency with the ability to accomplish improved business operations through data integration, creation of data quality standards, data and business process documentation, creation of a repeatable framework, and increased security.			
Project Start Date		Project End Date	7/2/2020
Estimated Costs:	Total	General Fund	Non-General Fund
Project Cost	\$30,122,862.00	\$3,012,286.00	\$27,110,576.00
Estimated first year of biennium:	\$2,378,316.00	\$2,378,316.00	\$0.00
Estimated second year of biennium:	\$633,970.00	\$633,970.00	\$0.00

Project Related Procurements

There are no procurements for this project

MES Fee for Service and Core Processing			
Category 1		Project Initiation Approval	
<p>The MES Modular Core Services Solution (MCSS) addresses many of the business requirements that will comprise the MES solution, as mandated by CMS through the MITA 3.0 Framework. The MES Fee-for-Service and Core Processing RFP is required to replace and transform the system and services provided in the current MMIS contract. The specific requirement is to acquire a solution that is consistent with the MITA 3.0 Framework and addresses the needs of several business areas. The associated RFP will present the requirements with the expectation that vendor solutions will integrate existing software components that require little or no development and where the development and implementation of business requirements is primarily configuration and testing.</p>			
Project Start Date		Project End Date	1/31/2020
Estimated Costs:	Total	General Fund	Non-General Fund
Project Cost	\$103,353,037.00	\$10,335,304.00	\$93,017,734.00
Estimated first year of biennium:	\$16,670,976.00	\$7,670,976.00	\$9,000,000.00
Estimated second year of biennium:	\$2,304,444.00	\$2,304,444.00	\$0.00

Project Related Procurements

There are no procurements for this project

MES Integration	
Category 1	Project Initiation Approval
<p>This is a component project within the DMAS MES Program. The purpose of the ISS project is to contract with a contractor who will provide a solution that will provision a self-contained, SOA-based communication broker, which provides several functionalities. The solution will serve as a hub to integrate various modules that will be implemented under each of the projects listed below. In addition the ISS project will provision a Single Sign On (SSO) and Identity Management solution for the Agency.</p>	

Project Start Date		Project End Date	
Estimated Costs:	Total	General Fund	Non-General Fund
Project Cost	\$35,163,944.00	\$3,516,394.00	\$31,647,550.00
Estimated first year of biennium:	\$8,447,596.00	\$2,828,296.00	\$5,619,300.00
Estimated second year of biennium:	\$3,977,350.00	\$594,119.00	\$3,383,231.00

Project Related Procurements

MES MMIS Fiscal Agent Extend Services Procurement
MES MMIS Fiscal Agent Services Bridge Procurement
MES Program Enterprise Architect Procurement
MES Program IV&V Services Procurement

IT Strategic Plan Procurements

Agency:	602 Department of Medical Assistance Services
Date:	9/24/2022
Stand Alone Procurements:	
Procurement Name:	Active Shooter Detection System Procurement
Procurement Date	5/15/2020
Procurement Description:	<p>Hardware, software and infrastructure to implement and operate a system that detects a gunshot and indicates approximately where the gunshot occurred. Depending on the solution, it may also automatically send out an emergency message to first responders and/or people in the building.</p> <p>The VITA procurement will result in a VITA enterprise contract from which all agencies can write an SOW. DMAS is the lead agency and intends to write an SOW for implementing the solution and 4-5 of operation.</p>
Procurement Name:	Cover Virginia Call Center Operations
Procurement Date	1/3/2020
Procurement Description:	no update
Procurement Name:	Eligibility Determination Review Services - Procur
Procurement Date	12/30/2021

Procurement Description:	DMAS is planning to select a qualified contractor to perform the review of the accuracy of member's eligibility determinations and stay abreast of future CMS Program Integrity initiatives regarding Medicaid and FAMIS member eligibility. DMAS provides Medicaid to individuals through two programs: a program utilizing contracted managed care organizations (MCO) and fee-for-service (FFS), which is the standard program for Medicaid and SCHIP (FAMIS).
Procurement Name:	EQRO (External Quality Review Org) - Procurement
Procurement Date	1/30/2026
Procurement Description:	<p>Health Services Advisory Group, Inc. (HSAG) HSAG is an existing vendor - Independent contractor to review quality activities (EQRO). Work is mainly around federal reporting, provide an overview of quality activities. Vendor will do reporting on DMAS behalf and work with Managed Care Organizations (MCOs). Current contract ends 31 Jan 2022 and needs to be renewed through Bidding Process. The contract is for 8 years of which 4 years is core.</p> <p>This is a Center for Medicaid Services (CMS) requirement and DMAS will conduct an RFP.</p>
Procurement Name:	General Provider Auditing Services - Procurement
Procurement Date	
Procurement Description:	DMAS is planning to select a qualified contractor to perform audits of all DMAS service providers that participate in the Virginia Medicaid program. DMAS provides Medicaid to individuals through two programs: a program utilizing contracted managed care organizations (MCO) and fee-for-service (FFS), which is the standard program for Medicaid and SCHIP (FAMIS). The Contractor shall be responsible for auditing both in-state and out-of-state providers that provide services to both Medicaid and FAMIS
Procurement Name:	Granicus/GovDelivery Service

Procurement Date	6/20/2020
Procurement Description:	The Granicus/GovDelivery service is a secure marketing- automation platform that will enable DMAS to connect with consumers and stakeholders. The agency will be able to engage with specific segments of potential members and increase that audience using text-to-subscribe and social media promotion, motivating interested citizens to visit the CoverVA website for information and future enrollment opportunities.
Procurement Name:	Predictive Analytics - Procurement
Procurement Date	4/1/2020
Procurement Description:	<p>The purpose of this work is to establish a program using prepayment analytics to mitigate the risk of improper payments to providers of services that are paid through the Department's fee-for-service and managed care delivery systems as a result of fraud, abuse, or errors. Such program shall identify providers and claims with a high likelihood of fraud, abuse, or error and prevent payments on potentially fraudulent claims from being made until such claims have been validated.</p> <p>DMAS envisions the Predictive Analytics solution to be a third-party, cloud-based proprietary system and associated service which uses Commonwealth PHI and billing data to obtain the output, which is then used to achieve the desired business outcomes.</p>
Procurement Name:	Service Authorization and Specialty Services - Pro
Procurement Date	7/1/2020

Procurement Description:	<p>This is a procurement for a solution for service authorization of all medical and behavioral health services for members enrolled in Virginia's Medicaid, FAMIS Plus, FAMIS and Expansion programs who are not enrolled in managed care, but are receiving services through the fee for service (FFS) delivery system.</p> <p>The solution will include a dedicated toll-free call center for members, as specified above, and providers; and, specialty behavioral health services for members, as specified above as covered under FFS, including: A toll-free 24/7/365 behavioral health crisis hotline available to Medicaid members not otherwise enrolled in managed care; and, Service Registration of required behavioral health services.</p> <p>The services will be procured through a competitive RFP which will include ECOS requirements.</p>
Procurement Name:	VAMMIS (FAS/PES) Solution Contract 10077 Extension
Procurement Date	6/30/2022
Procurement Description:	<p>Current Fiscal Agent Contract is set to expire 06/30/2022. Although It has an option year for extension, DMAS intends to award a new contract with 2 year base period and options as it is in parallel working on a competitive procurement for takeover of these services which may be accomplished within the proposed extension.</p>