



RFP 2223-814 Exhibit 4:

HHS Coalition IT Strategy

2021-2024



Our Leaders' Commitment

While the HHS Coalition began as an idea around a breakfast table, it has grown over time to provide real value in the way we collectively work to provide the best service possible to Washingtonians. Our intentional collaboration generated both tangible and intangible benefits, particularly in light of COVID-19.

"We are better able to have a smoother process in accelerating adoption and implementation of modern, scalable IT solutions because we had an established governance process. As our state recovers, deals with inequities, interoperability, and cybersecurity requirements, our team of HHS secretaries and directors will have greater clarity and efficiency in responding"

Sue Birch, Director of Health Care Authority

From our visioning process, we identified two initiatives – development of a Master Person Index (MPI) and a modern Integrated Eligibility and Enrollment solution –that will fundamentally affect each HHS Coalition organization. These two initiatives are in the planning and funding request phases and are providing a successful model for cross-organization collaboration on implementation and governance of IT systems.

"The Coalition agencies are all dependent on a complex, interrelated ecosystem of hardware and software that determines eligibility and allows effective administration of services to families in Washington. Joint governance allows us to make decisions that reflect a balanced view of our mutual needs. Our agencies now understand our partners' dependencies and work with each other, producing better outcomes for the families we serve."

Ross Hunter, Secretary of the Department of Children, Youth, and Families





The MPI planning has also provided a springboard for a related effort to support DOH's data and processes for COVID-19 contact tracing.

"Public health infrastructure, including technology systems, has long been under-funded, and the pandemic made this visible to all. Participating in the HHS Coalition has allowed us to identify opportunities to stretch limited public health resources through match dollars, and during the pandemic, our partner agencies have made space for us to accelerate systems development to meet response needs, while doing so in a way that keeps longer-term shared investments and solutions in view."

Umair A. Shah, Secretary of Health

The HHS Coalition engaged a 3rd-party evaluation of the governance model which identified key strengths in the collaboration, including strong or improving trust across organizations, strong communications within and across governance committees, and smooth operations of the governance portfolio processes.

"We have learned how dependent we are on each other to optimize our technological capabilities. The HHS Coalition has enabled us to work together effectively and move more expeditiously to provide enhancements to the people we serve. The experiences of the past year responding to the pandemic has made it very clear that we can optimize service if we collaborate."

Pam MacEwan, Chief Executive Officer of the Washington Health Benefit Exchange

Several projects have completed successfully with HHS Coalition facilitation ensuring that precious state resources deliver on the results intended from those investments.

"Washington residents deserve an effective and responsive government. In today's world with so many human services being delivered across multiple government agencies, it is imperative to have a governance structure that protects their interest, delivers on service, and ensures wise investments of taxpayer dollars."

Don Clintsman, Acting Secretary of the Department of Social and Health Services

01 Background

History

Q3 2018

HHS Coalition forms three governance committees to provide strategic, operational, and tactical collaboration across organizational boundaries.

Q4 2018

Enterprise Project Management Office established to support work of HHS Coalition. Initial focus on supporting governance committees and developing standard processes for coalition projects.

Q1 2019

Washington State Legislature formally recognizes HHS Coalition and requests report of projects in the portfolio.

Q2 2019

Criteria for inclusion in HHS Coalition portfolio of projects defined; 130+ projects across DSHS, DCYF, HCA, HBE, and DOH screened.

Q3 2019

HHS Coalition leaders establish vision for IT investments in health and human service systems.

Q1 2020

Standard operating procedures for projects subject to HHS Coalition portfolio established.

Q3 2020

First major milestones of HHS Coalition enterprise-wide projects met: Integrated Eligibility and Enrollment program strategy established, and MPI road map completed.

Quick Facts

The **HHS Coalition** consists of four state agencies: the Department of Children, Youth & Families, the Department of Health, the Department of Social and Health Services, and the Health Care Authority, as well as the state's public-private Health Benefit Exchange.

The Office of the Chief Information Officer and the Office of Financial Management serve as **ex-officio members of the HHS Coalition**.

Coalition organizations expend approximately \$17 billion annually delivering more than **75 health and human service programs to more than 2.9 million Washingtonians each year**. Additionally, public health programs improve population health for all Washingtonians.

182

Projects Screened Since 2019

41

Projects Under HHS Coalition Oversight Since 2019

18

Current Projects in HHS Coalition Portfolio as of July 2021

52

Leaders Engaged in HHS Coalition Governance Committees

Projects by Organization:

4

HHS Coalition Wide

2

Department of Children, Youth & Families

3

Department of Health

2

Department of Social & Health Services

1

Health Benefit Exchange

6

Health Care Authority

02 Coalition Vision

Removing barriers to access for client benefits

All Washingtonians deserve to have their basic needs met – adequate food, health care, access to child care, and a safe and stable home to name a few – and Washington state government programs provide assistance to more than 2.9 million people annually. We are obligated to work together to remove any barriers that prevent Washingtonians from being able to access benefits for which they are eligible.

We imagine a future where:

- Clients can apply “seamlessly” for multiple programs in less than 20 minutes and immediately know their eligibility status.
- State programs have a comprehensive view of clients and share information across agency boundaries to proactively offer other benefits the client may qualify to receive.
- Clients can report changes in their personal circumstances to a single place, rather than multiple times to different state agencies.
- Clients can receive services in a way that is relevant to them, focused on the services they need and want.

Once Shayne Tackett enrolled in Apple Health, she was able to immediately enter drug treatment. Apple Health covered her



treatment completely, and still pays for her ongoing recovery support. Medicaid is often the only option for individuals who need life-saving treatment for substance use disorder. “Having Apple Health has affected every aspect of my life. My sobriety –there was no hope for recovery before I got insurance. It is a miracle I’m still alive,” said Shayne.

Conducting effective government program operations

Washingtonians have the right to expect that state government operates programs efficiently and effectively, as well as instilling a culture of continuous quality improvement to take advantage of innovations that can enhance those operations even more.

We imagine a future where:

- Government services are delivered seamlessly to clients, regardless of the location where the work is performed.
- Innovative ideas from clients and staff are captured and prioritized for implementation.
- Modular procurements enable a diversity of vendor partners expanding the competition in the public sector marketplace thereby producing cost savings.

After moving to Bellingham, Renae Lingenfelter learned about Apple Health while visiting a Department of Social and



Health Services office to speak to someone about the health care she desperately needed. The social worker helped her find the numbers to call and the locations of providers in the area. Soon she had an appointment with a primary care physician. “I saw a doctor within days and had all the medications, supplies, and resources for [type 2 diabetes] education in hand,” she said. Instead of \$800 for her medications, she paid nothing out of pocket. The stress of living with a chronic disease was suddenly much lighter. “No longer did I have to choose between eating and having the medication needed to do so. As a diabetic, you really can’t have one without the other,” said Renae.

Providing rapid value to programs and Washingtonians through agile delivery methodology for IT projects

Technology projects must be designed so they deliver meaningful benefits to programs and the Washingtonians who depend on them and lower the risk of implementation failures.

We imagine a future where:

- IT projects deliver working software frequently from a couple of weeks to a couple of months, using modular components.
- Program experts and developers work together in State-led, self-organizing teams, are given the environment and support they need and trust to get the job done.
- Human-centered design principles result in systems where clients can clearly understand the implications of all the actions they have to take through any process.

Liang Du sometimes writes about her diabetic journey in her lifestyle blog. She shares that she follows a strict regimen of three

different medications and if Liang doesn't precisely follow her treatment plan, she could become gravely ill. Liang credits Washington Healthplanfinder as a tool that helps residents compare and choose from more than 100 health care coverage plans offered across the state, making her journey easier to navigate. Washington Healthplanfinder's tools helped her find those health insurance products that meet her needs and fit her budget, making it easier for her to find a plan that is the best value including Cascade Care plans. "My quality of life literally depends on health insurance and without it, I would not be able to afford the medications I need to survive and thrive," she writes.



Ensuring good stewardship of public dollars

Washingtonians expect that state government maximizes the use of every dollar invested in its programs and their corresponding data and IT systems.

We imagine a future where:

- Programs leverage the reuse of previous investments in technology for multiple purposes.
- State general fund dollars are the resource of last resort, ensuring Washington maximizes federal funding and philanthropic resources, to achieve its goals through IT and data systems.
- The state acts as a good buyer of vendor services – articulating the desired outcomes of investments, and vendors provide value for every dollar paid to them.

DOH relies heavily on exchanging data with healthcare partners to deliver timely, accurate, and complete data. DOH leverages technology

and investments that facilitate data exchange used by systems critical to the COVID-19 response for lab reporting, immunizations, disease surveillance, and prescription monitoring. These investments have enabled Washington to maximize federal contributions to system development that supports data for timely public health response as well as healthcare delivery. For example, immunization data is reported to DOH using the health information exchange (HIE), and providers can look up patient vaccination records using the HIE. In this way, vaccination coverage can be reported overall across the state and among priority populations; this allows areas of high need to be identified and providers can ensure that patients can be provided vaccinations when they come to the office, or can promote vaccination clinics.



Improving equitable access and outcomes for all

Washingtonians expect and deserve equitable access to state government services and outcomes from these services regardless of race, ethnicity, national origin, gender identity, and sexual orientation.

We imagine a future where:

- Outcomes for our programs are transparently reported to the extent possible to inform our actions and provide accountability.
- Washingtonians will be able to find options in systems that allow them to self-identify appropriate sex and gender identities.
- System design decisions will be made with an equity lens for access to and benefit from HHS Coalition programs.

Shortly after Angela Mendoza's second daughter was born, their 2-year old had an unexpected



medical emergency. She accidentally got into a family member's high blood pressure medicine. After contacting poison control, they went to the emergency room (ER). Having reassurance, the visit was covered, she took her daughter to the ER without worrying about the cost. Angela received such respect and care during her visits and became quickly convinced it did not matter to her providers that she was on Apple Health. She wants you to know, "If you aren't sure about applying for government assistance it never hurts to see if you're eligible; there is a lot of support to help you through the process."

Ensuring robust communications in emergencies

Washingtonians expect robust bidirectional communication pathways between partners, modernized data systems, and integrated support service coordination to ensure appropriate and timely emergency response activities.

We imagine a future where we embrace equity, innovation, and engagement as cornerstone values and where:

- Health systems and technologies are integrated to provide comprehensive situational awareness in knowing who has received critical preventive, therapeutic, and/or social support services.
- Providers and response systems can automatically report and receive electronic data (using national standards) to minimize response times, enact efficiencies, and interrupt disease transmission.
- Preventive and therapeutic services provided to individuals and communities alike - including those who may be disproportionately impacted by emergencies - are easily accessible by both providers and response entities respectively to ensure effective and appropriate response in times of emergency.

Early identification of COVID-19 disease among vaccinated individuals is critical to interrupt and prevent future disease outbreaks,



especially those associated with new disease variants. Current work developing an MPI across state data systems will facilitate more rapid and efficient public health response and integration with healthcare. MPI will provide the potential to identify vulnerable populations at increased risk, and get preventive and support services more readily to these residents in locations and ways that work best for them.

Collaborating across HHS Coalition programs

Washingtonians expect staff at HHS Coalition organizations to actively seek opportunities to collaborate across programmatic boundaries in service to Washingtonians.

We imagine a future where:

- Project teams are sourced seamlessly across organizational boundaries.
- There is a well-understood pipeline of programmatic need across HHS Coalition organizations so that opportunities to collaborate on development of technology solutions happen earlier in the project ideation phase.
- Joint funding requests are submitted by the HHS Coalition as an entity, representing the best investments the organizations believe can be made to advance services provided to Washingtonians.

“George” is a young adult, who had experienced a lot of trauma and struggled with placement permanency due to complex behavioral health symptomology and aggressive behavior. At the time of George’s enrollment into Apple Health Core Connections, George had spent nearly 4 months in the hospital, rather than in his Behavioral Rehabilitation Services treatment slot due to aggressiveness and volatile behavior. After many collaboration meetings between George’s Apple Health Core Connections (AHCC) Care Manager, State partners, and community providers, the team identified a local adult family home that specialized in working with young men who have major mental health issues like George, and he was able to tour the place in advance. George was successfully discharged from the hospital and received 8 hours a day of 1:1 behavioral health aide time paid for by Apple Health Core Connections. George has remained at the Adult Family Home and continues to engage in the AHCC Care Management program to support his ongoing needs.



03 Enabling Strategies & KPIs

Create authoritative client identifier

Lessening the burden on clients to report changes in circumstance to multiple programs is enabled by the creation of a single client identifier that can aggregate all the individual identification numbers issued by legacy systems.

Rapid incremental delivery

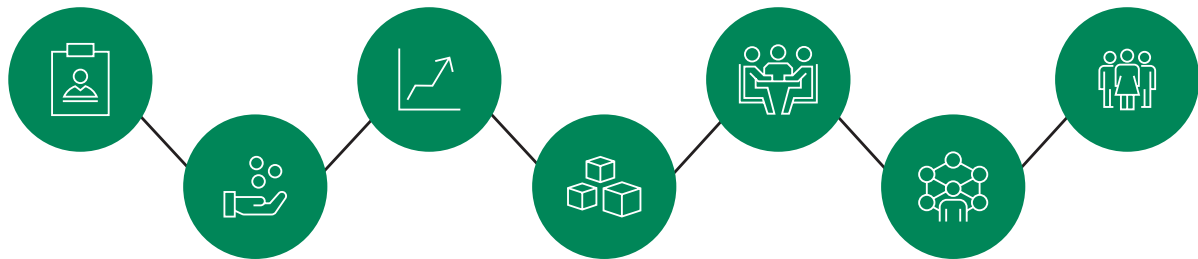
Breaking technology projects down into phases with end-user-driven minimum viable product approaches provides opportunity for HHS Coalition programs to receive benefit more rapidly and at lower risk. Phases should be defined in weeks or months, not years.

Joint governance

Proactive participation by HHS Coalition program representatives in individual projects and in governance committees provides a strong foundation to ensure program needs are met.

State-led teams

Using state staff to serve as product owners and project directors wherever possible is essential both in building state expertise and capacity in these IT systems, as well as reducing vendor lock-in which occurs when external partners have more knowledge about the system than the state does.



Leverage reuse of previous investments

Building once and reusing assets for multiple projects whenever possible ensures Washingtonians receive the maximum value for the dollars that have been spent. Specifically, the expectation is any new project will have to prove that an existing asset can't be reused if they are proposing to use a different solution, rather than to just opt not to use it because there is a preference for another technology.

Modular approach

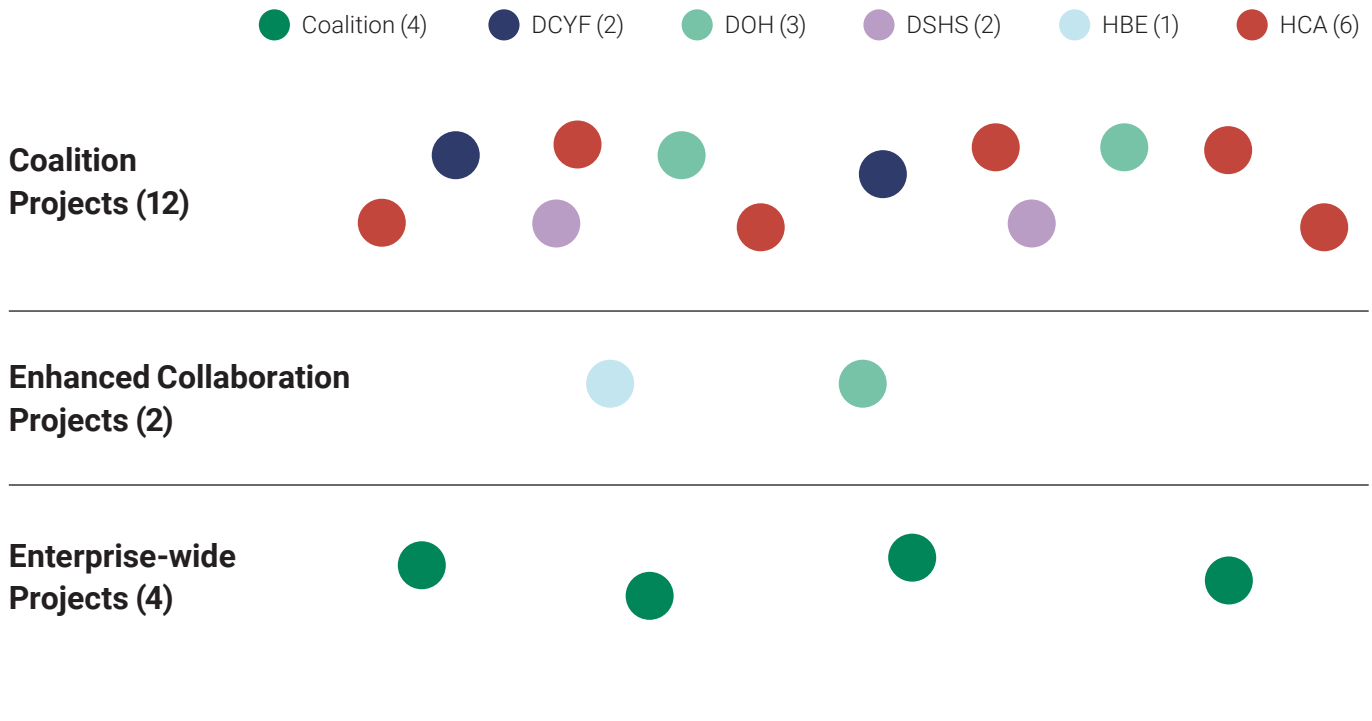
Building modular systems happens when functions of a complex system are partitioned into discrete, scalable, reusable components. The modular approach supports states in achieving an optimal mix of open source, commercial, and custom software components – ultimately promoting reuse of shared services.

Use human-centered design principles

Focusing on client and worker needs when developing a system promotes the generation of innovative solutions to complex problems through new, creative ways of thinking about a problem, and through intentional engagement with the beneficiaries ("users") of the solution.

04 Coalition Portfolio of Projects

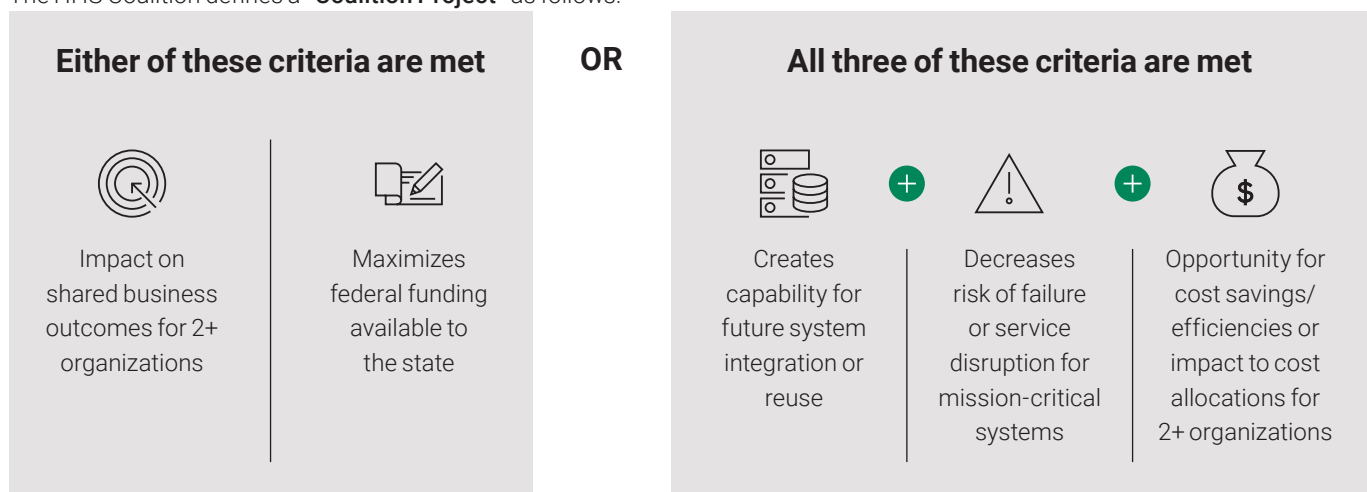
HHS Coalition Portfolio – 18 Projects as of July 2021



Coalition Projects

Coalition Project is the broadest category of projects and includes all projects and maintenance and operations activities in the Coalition's portfolio.

The HHS Coalition defines a "Coalition Project" as follows:



Enhanced Collaboration Projects

If a project meets the definition of a Coalition Project, then a secondary screening is conducted to determine if the IT project requires enhanced collaboration across HHS Coalition organizations. A project in this category is known as an **“Enhanced Collaboration Project.”**

Enhanced Collaboration Projects are identified when seven or more of the questions below are answered in the affirmative, or if governance decides the project requires enhanced collaboration across the HHS Coalition organizations:

1. Does the project involve three or more HHS Coalition organizations OR significant impact to cost sharing amongst coalition organizations?
2. Was the project an identified priority of HHS Coalition, Governor, or Legislature OR Enterprise Steering Committee believes project approach is not currently strategically aligned to Washington priorities and should be revised for strategic alignment?
3. Does the project involve currently unmet, time-sensitive legal or legislative mandate OR address audit findings requiring urgent action?
4. Does the project involve increasing scale of organization project to provide for (future) coalition benefit?
5. Does the project involve a high-risk portion of organization technology portfolio?
6. Does the project involve modular infrastructure that will be reused by multiple coalition projects?
7. Does the project involve significant interaction with Washingtonians?
8. Does the project involve significant resource limitations from agency involvement perspective (thus increasing risk)?
9. Will the project result in significant business process changes for agency?
10. Are there significant organizational change management impacts associated with project?

Enterprise-Wide Projects

Within Enhanced Collaboration Projects, there is a subset created when all five HHS Coalition organizations take part –these projects are referred to as an “Enterprise-Wide Project.” In 2019, the HHS Coalition identified two projects that are Enterprise-Wide Projects – MPI and Integrated Eligibility and Enrollment activities, described in the following sections.

Master Person Index

An MPI will support identity management across HHS programs and systems via an authoritative client identifier. Programs administered by the HHS Coalition organizations cover the entire population of Washington and more than 2.9 million people are served by at least two agencies. Program administration, management, and care coordination are inhibited by reliance on dozens of disconnected technology solutions. Each of these technology solutions store similar data about individuals with no centralized index to coordinate client information across programs or systems. The MPI will identify individuals across programs and systems, which is essential for effective program planning, program development, program delivery, program integrity, analysis, measurement, and the ability to capture an individual’s entire continuum of care.

The MPI will improve services for Washingtonians by reducing the need to submit certain documents multiple times to different programs, reducing the time individuals and families spend applying for or maintaining services. People will be better served because the information needed to deliver services is more readily available to the organizations that provide them. As the HHS Coalition embarks on modernizing its technology solutions, the MPI will be a critical tool to facilitate identity management and is integral to supporting modular system development.





ACES Mainframe Stabilization and Vendor Support

More than 2.9 million Washingtonians are supported in reaching their full human potential by over 75 vital health and human services programs facilitated by the Automated Client Eligibility System or ACES, making it a mission-critical system for HHS Coalition organizations. Additionally, maintenance and operations of ACES hardware and software are handled by a vendor partnership, which will be reprocured in 2022.

This project will improve system stability, security, performance, and ensure the availability of critical system hardware. The project will also procure a new contract for system maintenance and operations in accordance with federal and state laws.

Stabilizing and extending the life of the ACES mainframe preserves eligibility for and issuance of benefits for over 2.9 million Washingtonians. This extension will provide critical time for a new system to be planned and implemented. The new vendor contract will also ensure effective system maintenance and operations until the transition to a new system can be completed. A critical failure or an interruption in system operations would negatively impact the people that rely on the programs facilitated by ACES by delaying eligibility for, and receipt of, the benefits that support them.

Integrated Eligibility and Enrollment Modernization

Washingtonians face barriers in accessing health and human services programs including having to provide the same information across multiple organizations to support their eligibility and enrollment, and limited hours to apply for benefits even with an online application. Caseworkers must access many systems to verify information about applicants and the complexity of ACES forces reliance on a single, large vendor, giving the state limited opportunity to reduce operating costs. The Integrated Eligibility and Enrollment Modernization project will transform the client and case worker experience for over 75 Washington health and human services programs.

This project will engage state staff, supported by small and medium businesses, in building and maintaining a modular integrated eligibility and enrollment system, with lower implementation risk and a lower total cost of operation. This system will replace ACES and likely other systems maintained by HHS Coalition organizations. The HHS Coalition is building a road map for this replacement in 2021, with the goal of beginning implementation in 2022 assuming legislative funding.



05 Coalition Success Highlights



DCYF

Foster Parent Licensing Portal

Individuals will be able to apply online with DCYF to be licensed as foster parents in Washington. The online process will reduce burden on potential foster parents and staff members, resulting in a 25% reduction in the amount of time to become licensed and allowing for more individuals to be licensed per month with the same staff resources. All of this will result in more children being placed in qualified foster homes.



Coalition-wide

Sex and Gender Identity Workgroup

This workgroup was created to address existing inequities in the way that sex and gender identity data is captured, stored, and used in programs serving our customers. The workgroup is developing a recommendation on the best customer experience for this data collection and how to implement across the interconnected systems. The workgroup has also developed customer service training materials to improve service for gender-diverse individuals. This work is being conducted in partnership with the Washington State LGBTQ Commission and the Rainbow Alliance and Inclusion Network (RAIN).



DOH & HCA

Master Person Index – COVID Proof of Concept & Verato Pivot

The HHS Coalition was successful in developing an MPI proof of concept (POC) solution which aggregated information about Washingtonians from the state's Medicaid program into a repository that could be used by DOH in the state's contact tracing process. Lessons learned from this POC drove a change in the order of MPI system implementation as part of the long-term project and allowed re-prioritization of a DOH use case to help advance the goal of a single client identifier while leveraging federal funds as part of the state's COVID-19 response.



DSHS & HCA

Asset Verification System

A great example of cross-organization collaboration is the implementation of an electronic financial asset verification system for specific Medicaid programs led by DSHS. This project expedited eligibility determination for initial applications as well as continuing coverage for approximately 300,000 older adults and individuals with disabilities; the project's innovative approach implemented these verifications in a manner that saves over 50,000 hours of manual processing by financial eligibility staff members. The timely launch of this program improved program integrity and preserved state funding resources by avoiding a loss of \$112 million in federal funding if the state had not implemented the system.



HBE & HCA

Cascade Care

HBE, HCA, and the Office of the Insurance Commissioner partnered together to implement Senate Bill 5526 (Cascade Care). Cascade Care created new, affordable health insurance coverage options for Washington Healthplanfinder customers. The Healthplanfinder system was enhanced using agile methodology to provide a user-friendly and proactive way for enrollees to compare benefits between standardized and non-standardized plans allowing them to select a health insurance plan that best meets their household needs.



HCA

Interoperability Strategy supports Coalition Community Information Exchange work

Centers for Medicare & Medicaid Services (CMS) requirements for data exchange and interoperability of systems containing clinical information and Coalition creation of an Interoperability Strategy support the development of a state strategy to integrate data exchange across various community information solutions. Information flowing across these systems will allow for community support that addresses Washingtonian social determinants of health.



HCA

P1 Modularity Strategy

ProviderOne (P1), the state's Medicaid Management Information System (MMIS), has begun a modernization effort focused on replacing parts of the system on a module-by-module basis. This strategy defines a road map for those replacement activities, first replacing the parts of the system that have had significant performance issues in the past (e.g., Pharmacy Point of Sale).

06 HHS Coalition Organizations



DCYF is the lead agency for state-funded services that support children and families to build resilience and health, and to improve educational outcomes. We accomplish this by partnering with state and local agencies, tribes, and other organizations in communities across the state of Washington. Our focus is to support children and families at their most vulnerable points, giving them the tools they need to succeed.

www.dcyf.wa.gov



HBE seeks to redefine people's experience with health care. Our mission is to radically improve how Washington residents secure health insurance through innovative and practical solutions, an easy-to-use customer experience, our values of integrity, respect, equity and transparency, and by providing undeniable value to the health care community.

www.wahbexchange.org



DSHS is the largest state agency and provides critical assistance to nearly 1 in 3 Washingtonians. DSHS provides and coordinates crucial services for individuals and families who are most in need of help weathering life's storms. We administer food and cash assistance, long-term care, services for people with intellectual and developmental disabilities, and behavioral health treatment for people in state-operated psychiatric hospitals as well as those with criminal justice involvement and waiting to receive competency evaluation and restoration services. Nearly one-third of all services are delivered to children.

www.dshs.wa.gov



HCA is committed to whole-person care, integrating physical health and behavioral health services for better results and healthier residents. HCA purchases health care for more than 2.5 million Washington residents through Apple Health (Medicaid), the Public Employees Benefits Board Program, the School Employees Benefits Board Program, and the COFA Islander Health Care Program. As the largest health care purchaser in the state, we lead the effort to transform health care, helping ensure Washington residents have access to better health and better care at a lower cost.

www.hca.wa.gov



DOH programs and services help prevent illness and injury, promote healthy places to live and work, provide information to help people make good health decisions and ensure our state is prepared for emergencies. To accomplish all of these, we collaborate with many partners every day.

www.doh.wa.gov



OCIO sets information technology policy and direction for the State of Washington. The State CIO is a member of the Governor's Executive Cabinet and advisor to the Governor on technology issues.

ocio.wa.gov

