



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

1.1 General Information

Agency or State Entity Name:	California Department of Health Care Services (DHCS)
Organization Code:	4260
Proposal Name:	Medi-Cal Interoperability Compliance Project (MCIC)
Proposal Description:	<p>The project proposal seeks authorization and funding to implement the required provisions of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access Final Rule ("Final Rule"). The Final Rule was published in the Federal Register (FR) in May 2020.</p> <p>The proposal also seeks authorization and funding to assess, plan, and potentially implement the required provisions of the CMS Interoperability and Prior Authorization Proposed Rule ("Proposed Rule"), which is expected to be finalized before the end of 2021. The Proposed Rule is a continuation of the federal initiative introduced by the Final Rule and pertains to the same technical scope. DHCS recommends that both federal rules be included in this Project Approval Lifecycle (PAL) review.</p> <p>Project Purpose: The chief purpose of the proposed project is for the Department of Health Care Services, as the State Medicaid Agency (SMA), to select, design, and implement technical, data, and business solutions for DHCS to comply with the Final Rule. The project will also plan and assess requirements to comply with the Proposed Rule. The Final Rule and Proposed Rule has implications on Managed Care Organizations; DHCS intends to project manage these activities outside of PAL.</p> <p>Major information technology project workstreams include:</p> <ul style="list-style-type: none">• Patient, Provider, and Drug Formulary Data Mapping and Aggregation• Application Program Interface (API) Development <p>Additionally, the Department anticipates significant modifications to business processes and programs involving beneficiary, health care payer, and provider engagement.</p>
When do you want to start this project?:	7/1/2022
Department of Technology Project Number:	4260-247

1.2 Submittal Information

Contact Information:	
Contact First Name	Contact Last Name
Phil	Heinrich
Contact Email	Contact Phone Number
Philip.Heinrich@dhcs.ca.gov	(916) 552-9050



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

Submission Date:	8/9/2021
Version Number:	1.0

Project Approval Executive Transmittal

Attachment: Include the Project Approval Executive Transmittal as an attachment to your email submission.

1.3 Business Sponsorship

Executive Sponsors

Title	First Name	Last Name	Business Program Area
Chief Deputy Director	Jacey	Cooper	Heath Care Programs
Chief Deputy Director	Erika	Sperbeck	Policy and Program Support

Select + to add additional Executive Sponsors

Business Owners

Title	First Name	Last Name	Business Program Area
Deputy Director, Chief Data Officer	Linette	Scott, M.D.	Enterprise Data and Information Management
Deputy Director, Chief Information Officer	Chris	Riesen	Enterprise Technology Services
Chief Privacy Officer	Morgan	Staines	Office of Legal Services
Senior Advisor for Policy and Program Support	Javier	Portela	Director's Office
Senior Advisor for Health Care Programs	Aaron	Toyama	Director's Office
Deputy Director, Program Operations	Bill	Otterbeck	Program Operations
Chief Information Security Officer	Gary	Dias	Enterprise Technology Services
Deputy Director, Health Care Delivery Systems	Susan	Philip	Health Care Delivery Systems
Deputy Director, Behavioral Health	Kelly	Pfeifer, M.D.	Behavioral Health
Chief Quality Officer	Palav	Babaria, M.D.	Office of the Chief Quality Officer

Select + to add additional Business Owners

Program Background and Context

The Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services (CMS) have issued a series of rulemaking under the 21st Century Cures Act of 2016. The CMS Interoperability and Patient Access Final Rule, published May 2020, requires State Medicaid Agencies (SMAs) to develop, implement, test, and maintain new application programming interfaces (APIs), including a Patient Access API. The Patient Access API must make available to third-party applications, at a beneficiary's request, a wide variety of electronic health information, such as health care claims, encounter reports, clinical data, and covered outpatient drug information.

To successfully implement the Patient Access API, states are required to:

- 1) Conduct detailed assessments of where data reside in potentially disparate state systems.
- 2) Develop a technical and data management approach for aggregating and making available data upon third-party request.
- 3) Conduct mapping of existing data structures to the required Fast Health Interoperability Resource (FHIR) data.



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

- 4) Conduct an integrated assessment of enterprise operations (e.g., managed care vs. fee-for-service (FFS) populations) and how current models might be affected by the rule.
- 5) Adjust existing business practices related to member record requests and fulfillment.

CMS requires SMAs to comply with the Patient Access API regulations by July 1, 2021. Many states, including California, will not meet this deadline.

In addition to the Patient Access API, SMAs have the following direct requirements under the Final Rule:

- Develop and implement a Provider Directory API
- Increase the frequency of Medicaid dual-eligible enrollment data

The CMS Interoperability and Prior Authorization Proposed Rule, published December 2020, expands and refines the APIs introduced in the May 2020 Final Rule. For instance, whereas the Final Rule merely requires each API to adhere to a certain technical standard, the Proposed Rule requires each API to follow a specific implementation specification within the standard. The Proposed Rule also expands the API data content requirements and refines requirements about interacting with 3rd-party application developers. Since the Proposed Rule requirements are closely tied to Final Rule project requirements, CMS and SMAs are undertaking both rules as part of a single effort.

Planning Focus for SFY 2021-2022

For planning purposes, DHCS is focusing first on the Patient Access API requirements in the Final Rule, which includes the following core activities:

- Identification and mapping of data that needs to be reported via the API
- Compilation of patient health information from disparate systems into a complete health record
- Evaluation and selection of a scalable and elastic IT infrastructure to support a high-use API
- Design specifications of the API using CMS identified standards such as Fast Healthcare Interoperability Resources (FHIR)
- Evaluation of security safeguards for the API and its underlying infrastructure
- Evaluation of member verification/identification and access control so that only authorized individuals can access a patient's data

The Department proposes to use an adaptive methodology and lifecycle. Specific planning has not been performed for the implementation period beginning on July 1, 2022. The detailed milestones for the implementation period depend on answers to questions evaluated during the discovery phase. This approach is supported by CMS and is consistent with how other states are approaching the regulatory requirements nationally.

1.4 Stakeholders

Key Stakeholders

Org. Name	Name
Medi-Cal Beneficiaries	Various
Internal or External?	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External
When is the Stakeholder impacted?	
Input to Business Process	During the Business Process
<input type="checkbox"/>	<input type="checkbox"/>
	Output of the Business Process
	<input checked="" type="checkbox"/>



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

How are Stakeholders impacted?

Medi-Cal beneficiaries will be the primary users or endpoint requestors of their personal health information (claims, encounters, and clinical data). They will utilize or view this data through third-party applications. They will also provide their consent to share personal information with third-party developers.

How will the Stakeholders participate in the project?

Medi-Cal beneficiaries may provide input to which information is available to third-party applications and other general policy input.

Org. Name	Name
Medi-Cal Providers	Various
Internal or External?	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External

When is the Stakeholder impacted?

Input to Business Process	During the Business Process	Output of the Business Process
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How are Stakeholders impacted?

Provider organizations must continue submitting claims, encounters, clinical, and network data via currently established mechanisms.

How will the Stakeholders participate in the project?

Provider organizations may need to engage with DHCS to align common standards/approaches to patient data presentation to Medi-Cal members.

Org. Name	Name
Medi-Cal Managed Care Plans (Managed Care Organizations and Prepaid Health Plans)	Various
Internal or External?	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External

When is the Stakeholder impacted?

Input to Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How are Stakeholders impacted?

Medi-Cal managed care plans will independently need to comply with requirements to support the Patient Access API and Provider Directory API. Under the Interoperability Final Rule, this stakeholder group has additional technical requirements beyond what DHCS must implement, including the Payer-to-Payer exchange. DHCS is expected to provide technical assistance and establish contractual obligations to enforce compliance for this group.

How will the Stakeholders participate in the project?

DHCS will engage with Medi-Cal managed care plans to align common standards/approaches to patient data presentation to Medi-Cal members.

Org. Name	Name
Third-Party Application Developers	Various
Internal or External?	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External

When is the Stakeholder impacted?

Input to Business Process	During the Business Process	Output of the Business Process
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

How are Stakeholders impacted?

Third-Party application developers will be a critical component in the delivery of health care data to beneficiaries. Medi-Cal members will interact with their applications and technologies to access, view, and use their personal health information.

How will the Stakeholders participate in the project?

Third-Party application developers may participate in the API services' connectivity testing and be subject to communications leading up to and through implementation. DHCS will likely have to support requests for troubleshooting and support.

Select + to add additional Stakeholders

Org. Name

Program Operations

Name

Bill Otterbeck

When is the unit impacted?

Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How is the business program unit impacted?

The Patient Access API and Provider Directory API requirements have broad impacts on existing Program Operations. Specifically, the following divisions within Program Operations are affected:

- **CA-MMIS Operations Division** - The CA-MMIS Operations Division is responsible for the oversight, management, monitoring, and administration of the contracted services provided by the Business Operations and the Information Technology Maintenance and Operations fiscal intermediaries which maintain and operate the CA-MMIS (California Medicaid Management Information System).
- **Clinical Assurance Division (CAD)** – The Clinical Assurance Division oversees the prior authorization process, a key component of adjudicating and paying claims. CAD maintains clinical data covered by the United States Core Data for Interoperability (USCDI) data content and vocabulary standards. This information is required to be shared through the Patient Access API.
- **Provider Enrollment Division (PED)** – The Provider Enrollment Division is responsible for the eligibility process for Medi-Cal providers. It will be impacted by the Provider Directory API requirements.
- **Third-Party Liability and Recovery Division (TPLRD)** – The Third-Party Liability and Recovery Division manages the processes for coordinating the Medicare Premium Buy-in. Under the Interoperability Final Rule, SMAs must increase the frequency by which Medicare Buy-in data is exchanged with CMS.

With regard to the Proposed Rule, the CA-MMIS Operations Division will be impacted by an enhanced requirement for Medi-Cal FFS to participate in Payer-to-Payer data exchange of claims data and also provide similar data via a Provider Access API. Most significantly, the current business process managed by CAD for prior authorization will be impacted by the proposed rule requirements for prior authorization administrative burden reduction.

How will the business program participate in the project?



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

CA-MMIS Operations Division: The Division will lead the development and oversight of the technology architecture and solutions to support complex information exchanges and health information access for patients, providers, and payers, reducing the burden of administrative processes and approvals, and complying with federal interoperability standards.

Clinical Assurance Division: The Division has one of the largest repositories of clinical data in DHCS in the form of Treatment Authorization Requests (TARs) and supporting medical documentation. CAD staff are needed to assist with clinical data mapping and related API implementation considerations. Additionally, the Proposed Rule includes new requirements for prior authorization. The requirements affect business operations as well as technical capabilities.

Provider Enrollment Division: The Division will support seamless healthcare data exchange through collaboration with Department interoperability tiger teams by identifying and facilitating necessary programmatic and system changes.

Third-Party Liability and Recovery Division (TPLRD) – The Division will lead the analysis, oversight, and implementation of the system and program changes as required to increase the frequency of Medicare Buy-in data exchange with CMS.

Org. Name	Name	
Medi-Cal Behavioral Health Division (MCBHD)	Shaina Zurlin	
When is the unit impacted?		
Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How is the business program unit impacted?

The Patient Access API is required to make patient claims data available upon request within one business day of adjudication. This includes the availability of claims information for Behavioral Health services. In addition, DHCS must establish contractual obligations and adjust rates for CMS-regulated Managed Care entities, including Prepaid Inpatient Health Plans (PIP). Certain Medi-Cal Behavioral Health service organizations, such as the County Mental Health Plans, are classified as PIHPs and must independently comply with the Interoperability Final Rule. The Behavioral Health Division is expected to provide technical assistance to this stakeholder group.

How will the business program participate in the project?

The Division will develop and provide training and technical assistance to counties on the development, maintenance, and use of the API and lead ongoing issuance of policy guidance and implementation related to Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties.

Org. Name	Name	
Health Care Delivery Systems	Susan Philip	
When is the unit impacted?		
Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

How is the business program unit impacted?

The Patient API must make available beneficiary encounter data upon request. Managed Care programs will need to determine data quality impacts, contract needs, and business and operational requirements to promptly provide this data to beneficiaries.

How will the business program participate in the project?

Managed care programs will provide technical assistance, support the development of requirements, guide the selection of alternatives, lead implementation efforts, and lead transition to maintenance efforts.

Specifically, Managed Care programs will have a lead role in determining the business operating model and resulting requirements for gathering encounter data more frequently and making it available via the Patient Access API. Secondly, Managed Care programs may further play a convening role so that Medi-Cal MCPs are coordinated in their approach to Payer to Payer Exchange to create a consistent experience for Medi-Cal members.



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

The following Divisions in Managed Care will be affected:

- **Managed Care Operations Division (MCOD)**- The Managed Care Operations Division is responsible for contracting with and directing the health plans' activities.
- **Managed Care Quality and Monitoring Division (MCQMD)** – The Managed Care Quality and Monitoring Division is responsible for the monitoring and oversight of all Medi-Cal managed care health plans, including the submission of managed care encounter data submitted by plans. MCQMD also coordinates communication with MCPs vial All Plan Letters (APLs).

Org. Name	Name	
Pharmacy Benefits Division (PBD)	Harry Hendrix	
When is the unit impacted?		
Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How is the business program unit impacted?		
The Patient Access API must make the Medi-Cal covered outpatient drugs available via an API. The Pharmacy Benefits Division must determine the preferred data source by which this information will be delivered.		
How will the business program participate in the project?		
The Division will provide technical assistance, support requirements development, guide the selection of alternatives, lead implementation efforts, and lead transition to maintenance efforts.		

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Org. Name	Name	
Office of Legal Services (OLS) – Privacy Office	Morgan Staines	
When is the unit impacted?		
Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How is the business program unit impacted?		
The Interoperability Rule has the following distinct impacts on Department privacy policies and practices:		
<ul style="list-style-type: none">- Patient consent- Compliance with Information Blocking provisions		
The Privacy Office will lead the development of requirements on these provisions of the Final Rule.		
How will the business program participate in the project?		
The Privacy Office will provide technical assistance, support requirements development, select alternatives, implement efforts, and transition to maintenance.		

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Org. Name	Name	
Medi-Cal Eligibility Division (MCED)	Sandra Williams	
When is the unit impacted?		
Input to the Business Process	During the Business Process	Output of the Business Process
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How is the business program unit impacted?		
The Patient Access API will directly impact the processes by which DHCS manages the beneficiary's identity and related program information. As beneficiaries request their patient information via a third-party application, a reliable means will be needed to verify identity and match patients to their corresponding Medi-Cal records.		
How will the business program participate in the project?		
The Medi-Cal Eligibility Division provides programmatic guidance for eligibility determination and the system of record (Medi-Cal Eligibility Data System - MEDS). The Division will provide subject matter guidance as the Department evaluates and plans for meeting patient identity and access management requirements.		

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Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

Integrated Systems of Care Division (ISCD)		Richard Nelson	
When is the unit impacted?			
Input to the Business Process	During the Business Process	Output of the Business Process	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
How is the business program unit impacted?			
The Integrated Systems of Care Division coordinates and administers healthcare delivery systems such as long-term care and In-Home Supportive Services (IHSS). The coordination of beneficiary data to be delivered in the Patient Access API extends to these programs.			
How will the business program participate in the project?			
The Division will provide program and technical guidance for Medi-Cal funded health care delivery systems that reside outside of CA-MMIS and managed care and how they will interact with the DHCS established Patient Access and Provider Directory APIs.			
<i>Select + to add additional Business Programs</i>			
1.6 Business Alignment			
Business Driver(s)			
Financial Benefit			
Increased Revenue	Cost Savings	Cost Avoidance	Cost Recovery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandate(s)			
State		Federal	
<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Improvement			
Better Services to Citizens	Efficiencies to Program Operations	Improved Health and/or Human Safety	Technology Refresh
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security			
Improved Information Security	Improved Business Continuity	Improved Technology Recovery	Technology End of Life
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Business Alignment			
Strategic Plan Last Updated?		9/14/2015	
Strategic Business Goal		Alignment	
Better Services to Citizens		Improved health care consumer experience is the primary purpose for the interoperability rules. The regulations are intended to accommodate and empower individuals by providing: <ul style="list-style-type: none"> the information they want in a way they can use so they can participate more effectively in their care. 	
Strategic Business Goal		Alignment	
Efficiencies to Program Operations		Patient Access API, Provider Directory, and Payer to Payer Exchange capabilities may lead to the Department's long-term operational efficiencies to extend self-service opportunities for beneficiaries. Therefore, beneficiary requests, particularly related to the disclosure of patient data handled manually by	



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

Department staff, may decrease. Also, the standards-based technical infrastructure improvements that must be made to comply with the new regulations are expected to reduce the need for manual interventions, inspection, and other forms of rework that occur today.

Select + to add additional Business Goals and Alignment

Comply with Federal Regulations

Federal regulatory compliance is a condition for enhanced Federal Financial Participation (FFP) and may be necessary to avoid penalties, including monetary penalties.

Business Problem or Opportunity and Objectives Table

Problem ID	Problems/Opportunities
1	<p>Patient Access API Outcome (proposed by CMS for all SMAs)</p> <p>DHCS systems are not currently compliant with federal interoperability requirements for SMAs. The current process for Medi-Cal beneficiaries to request their records is paper-based and manual. CMS requires all SMAs to implement API-based access to this information using established and open standards for mobile applications. In addition, the information delivered via API must adhere to federal data content and vocabulary standards. The API interface must support enhanced standards and specifications for user identity detection, authentication, and authorization.</p>
Objective ID	1
Objectives	Patient Access API Outcome: Improve beneficiaries' ability to understand and manage their health data by making certain health information accessible to third-party applications.
Metric	Metric 1: The total number of unique patients whose data are transferred via the Patient Access API to a patient-designated third-party application.
Baseline	N/A – there is currently no equivalent within DHCS.
Target	To be determined – A target will be established, in collaboration with CMS, as part of the Implementation and Operations Advance Planning Document development process.
Measurement Method	The API management infrastructure to be implemented by DHCS will include capabilities to capture key usage metrics such as the total number of unique patient data requests.
Metric	Metric 2: The number of unique patients whose data are transferred via the Patient Access API to a patient designated third-party application more than once
Baseline	N/A – there is currently no equivalent within DHCS.
Target	To be determined – A target will be established, in collaboration with CMS, as part of the Implementation and Operations Advance Planning Document development process.
Measurement Method	The API management infrastructure to be implemented by DHCS will include capabilities to capture key usage metrics such as the total number of unique patient data requests and whether they are repeat requests from the same or different third-party application developers.
Select + to add additional Objectives	



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

2	<p>Provider Directory Outcome (proposed by CMS for all SMAs)</p> <p>DHCS systems are not currently compliant with federal interoperability requirements for SMAs. The current process for members of the public to locate information about Medi-Cal providers is to access the California Health and Human Services Agency (CHHS) Open Data Portal. These data are not API-enabled and do not use the required standards for mobile applications. The Medi-Cal provider directory information must be accessible through the DHCS public website without special effort from the general public, using common Internet browsing technologies.</p>
Objective ID	2
Objectives	Provider Directory Outcome: Improve beneficiaries' ability to find care by providing current Medicaid provider directory information via an API.
Metric	Metric 1: Number of providers listed in the provider directory
Baseline	DHCS has over 100,000 providers available via the Managed Care provider search and separately published for Fee-for-Service providers via the CHHS Open Data Portal.
Target	DHCS aims to have the combined set of Managed Care and Fee-for-Service providers available via the API. A specific target will be further confirmed through collaboration with CMS.
Measurement Method	DHCS intends to implement data aggregation capabilities to facilitate the access of provider information.
Metric	Metric 2: Provider directory queries via the API
Baseline	N/A – DHCS does not currently support an API-enabled provider directory.
Target	To be determined – A target will be established in collaboration with CMS as part of the Implementation and Operations Advance Planning Document development process.
Measurement Method	The API management infrastructure to be implemented by DHCS will include capabilities to capture key usage metrics.
<i>Select + to add additional Objectives</i>	
<i>Select + to add additional Objectives</i>	
<i>Select + to add additional Problems</i>	
Project Approval Lifecycle Completion and Project Execution Capacity Assessment	
1. Does the proposed development or project execution anticipate sharing resources (state staff, vendors, consultants, or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)?	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	
2. Does the Agency/ state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?	
<input type="radio"/> No <input type="radio"/> New Processes <input type="radio"/> Existing Processes <input checked="" type="radio"/> Both New and Existing <input type="radio"/> Clear	
1.7 Project Management	
Project Management Risk Score:	0.3
Attach completed Statewide Information Management Manual (SIMM) Section 45 Appendix A:	Include the completed SIMM 45 Appendix A as an attachment to your email submission.
Existing Data Governance and Data	



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	If applicable, include the data governance org chart as an attachment to your email submission.
2. Does the Agency/state entity have data governance policies (data policies, data standards, etc.) formally defined, documented, and implemented? If yes, please attach the existing data governance plan, policies or I.T. standards used.	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	If applicable, include the data governance policies as an attachment to your email submission.
3. Does the Agency/state entity have data security policies, standards, controls, and procedures formally defined, documented, and implemented? If yes, please attach the existing documented security policies, standards, and controls used.	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	If applicable, include the documented security policies, standards, and controls as an attachment to your email submission.
4. Does the Agency/state entity have user accessibility policies, standards, controls, and procedures formally defined, documented, and implemented? If yes, please attach the existing documented policies, accessibility governance plan, and standards used, or provide additional information below.	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	If applicable, include the documented accessibility policies, standards, and controls as an attachment to your email submission.
5. Do you have existing data that you are going to want to access in your new solution?	<input type="radio"/> Unknown <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	If applicable, include the data migration plan as an attachment to your email submission.
6. If data migration is required, please rate the quality of the data.	Some issues identified with the existing data	

1.8 Criticality Assessment

Business Criticality

Legislative Mandates:	N/A <input type="checkbox"/>
Bill Number(s)/Code(s):	21st Century Cures Act (Public Law 114-255)
Language that includes system relevant requirements:	The National Coordinator shall, in collaboration with the National Institute of Standards and Technology and other relevant agencies within the Department of Health and Human Services, for the purpose of ensuring full network-to-network exchange of health



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

		information, convene public-private and public-public partnerships to build consensus and develop or support a trusted exchange framework, including a common agreement among health information networks nationally.			
Business Complexity Score		1.5		Include the completed SIMM 45 Appendix C as an attachment to your email submission.	
Noncompliance Issues					
Indicate if your current operations include noncompliance issues and provide a narrative explaining the how the business process is noncompliant.					
Programmatic Regulations	HIPPA/CJIS/FTI/PII/PCI	Security	ADA	Other	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One of the aims of this project is for DHCS to comply with recently finalized Federal Regulations as outlined in the CMS Interoperability and Patient Access Final Rule (CMS-9115-F) and ONC 21st Century Cures Act Final Rule (RIN 0955-AA01).					
https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and					
https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification					
1. What is the proposed project start date?				7/1/2022	
2. Is this proposal anticipated to have high public visibility?				<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	
If "Yes," please identify the dynamics of the anticipated high visibility below:					
1) CMS – CMS is the primary Federal Oversight Entity.					
2) Medi-Cal Stakeholders – Medi-Cal stakeholders will interact with DHCS to develop which data/information is available through the API.					
3) Third-Party application developers – Entities will interact with the publicly available APIs and supporting documentation.					
4) Consumer and privacy advocates - The advocacy community will represent the interest of timely and equitable access to interoperable Medi-Cal health information for all Medi-Cal beneficiaries.					
3. If there is an existing Privacy Information Assessment, include as an attachment to your email submission.					
4. Does this proposal affect business program staff located in multiple geographic locations?				<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	
If "Yes," provide an overview of the geographic dynamics below and enter the specific information in the space provided.					
While DHCS operates in multiple locations, this program's implementation will not be specific to each location.					
City	State	Number of Locations		Approximate Number of Staff	
		Various		3,600	
Select + to add Locations					
1.9 Funding					
1. Does the Agency/state entity anticipate requesting additional resources through a budget action to complete the project approval lifecycle?				<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear	



Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

2. Will the State possibly incur a financial sanction or penalty if this proposal is not implemented? If yes, please identify the financial impact to the State below:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
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If the State is subject to the Information Blocking provisions of the Final Rule, a maximum penalty of up to \$1M may be levied against DHCS should it be deemed that the Department engaged in activities preventing the valid release of beneficiary data to authenticated requestors.

3. Has the funding source(s) been identified for this proposal?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Clear
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FUNDING SOURCE		FUND AVAILABILITY DATE
General Fund	<input checked="" type="checkbox"/>	7/1/2021
Special Fund	<input type="checkbox"/>	Date Picker
Federal Fund	<input checked="" type="checkbox"/>	8/2/2021
Reimbursement	<input type="checkbox"/>	Date Picker
Bond Fund	<input type="checkbox"/>	Date Picker
Other Fund	<input type="checkbox"/>	Date Picker
If "Other Fund" is checked, specify the funding:		

1.10 Reportability Assessment

1. Does the Agency/state entity's I.T. activity meet the definition of an I.T. Project found in the State administrative Manual (SAM) Section 4819.2? If "No," this initiative is not an I.T. project and is not required to complete the Project Approval Lifecycle.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
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2. Does the activity meet the definition of Maintenance or Operations found in SAM Section 4819.2? If "Yes," this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report. And provide an explanation below.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
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3. Has the project/effort been previously approved and considered an ongoing I.T. activity identified in SAM Section 4819.2, 4819.40? If "Yes," this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
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Stage 1 Business Analysis

California Department of Technology, SIMM 19A.2 (Rev. 2.4), Revised 4/2/2018

<p>5. Is the primary objective of the project to acquire desktop and mobile computing commodities as defined by SAM Section 4819.34, 4989?</p> <p>If "Yes," this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity. Submit a copy of the completed, approved Stage 1 Business Analysis to the CDT and track the initiative on the Agency Portfolio Report.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
<p>6. Does the project meet all of the criteria for Commercial-off-the-Shelf (COTS) Software and Cloud Software-as-a-Services (SaaS) delegation as defined in SAM 4819.34, 4989.2 and SIMM 22</p> <p>If "Yes," this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity; however, submit an approved SIMM Section 22 form to CDT.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
<p>7. Will the project require a Budget Action to be completed?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
<p>8. Is it anticipated that the project will exceed the delegated cost threshold assigned by CDT as identified in SIMM 10?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear
<p>9. Are there any previously imposed conditions place on the state entity or this project by the CDT (e.g., Corrective Action Plan)?</p> <p>If "Yes," provide the details regarding the conditions below.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Clear
<p>10. Is the system specifically mandated by legislation?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clear

Department of Technology Use Only

Original "New Submission" Date	9/07/2021	
Form Received Date	9/07/2021	
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Form Disposition	Approved	If "Other," specify:
Form Disposition Date	9/07/2021	