ITSP Summary Biennium 2026-28

Agency Name: 602 Department of Medical Assistance Services

Date Generated: 09-10-2025

Agency Mission, Goals and Objectives:

Agency Mission:

The Department of Medical Assistance Services (DMAS) has a mission to improve the health and well-being of Virginians through access to high-quality health care coverage and services.

Agency Goals:

DMAS recently launched Cardinal Care, a single, unified brand that includes all Medicaid, FAMIS, and limited benefit members, served through the managed care and fee-for-service delivery systems. With Cardinal Care, DMAS has consolidated the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC+) managed care programs, waivers, and contracts into a single unified program with a focus on continuity for members who will no longer need to transition between two managed care programs. DMAS has taken a strategic approach to build a responsive, member-focused model of care that prioritizes financial accountability, access to high-quality care, and support for targeted populations, including behavioral and maternal health and members in the child welfare system. Cardinal Care Managed Care provides a strong foundation for the Governor's priority initiatives, including Right Help, Right Now.

• DMAS Goal 1: Medicaid Enrollment - Monitoring Enrollment and Understanding Potential Population Trends Post-Unwinding
• DMAS Goal 2: Behavioral Health
• DMAS Goal 3: Financial and Fiscal Stability
• DMAS Goal 4: Improve Managed Care Processes and Oversight of the Cardinal Care Program

• DMAS Goal 5: Improve maternal and child health outcomes
• DMAS Goal 6: Compliance with State and Federal Requirements
• DMAS Goal 7: Improve Operational Processes and Procedures to Reduce Risk While Increasing Performance and Results.

The Technology & Innovation Directorate (the Directorate) must be responsive to mandates from the Centers for Medicare and Medicaid Services (CMS), Virginia Information Technologies Agency (VITA), Commonwealth of Virginia executive and legislative priorities, as well as the Agency's own overall strategy. For SFY26, the Directorate's operating target includes maintaining, leveraging, and re-using current investments where possible, while seeking new and innovative technologies and solutions to create economies of scale and improve customer service. In SFY26, the Directorate will aim to:
• Create new operational synergies to meet the rising demand for high quality professional IT services.
• Modernize key IT systems and business processes to improve customer satisfaction.
• Efficiently operate and maintain the Agency's technological infrastructure to meet the needs of stakeholders.
• Develop and retain staff, while optimizing resource utilization and planning.
• Increase operational transparency to sustain stakeholder engagement.
• Build coalitions that strengthen working relationships with CMS, VITA, and Sister Agencies.

To support the Agency Mission and Vision, DMAS Information Management Division per the 26 – 28 Biennium offers the following IT Strategic Plan (ITSP).

Agency's IT strategy is designed to support Agency's mission and is driven by directions and mandates from Center of Medicare & Medicaid Services (CMS), VITA and State's legislation and priorities. The overall strategy includes maintaining leveraging, re-using current investments where possible, while seeking new and innovative technologies and solutions to reduce cost and provide increased service to citizens as efficiently as possible.

DMAS has adopted the cloud first approach and is the process of developing projects to migrate the applications and databases that are still on premise to a cloud solution.

DMAS's solution strategy is built on a hybrid approach that includes both homegrown and outsourced solution. The agency is actively working on adopting the Agile methodologies to gain development efficiencies.

DMAS is cognizant of its need to integrate and exchange date with State and Federal partners like DSS, VDH, DBHDS, CMS etc. and Coordinates with them when designing and developing core solution that has external impacts.

DMAS is constantly evaluating systems that are no more meeting the agency business needs and takes steps to replace them. For example: DMAS's The Fiscal Agent Services (FAS) solution is a 20 + year old system and is unable to fully support the current business needs. Agency is now working on RFP to find a replacement for this solution.

The decisions to update existing solutions is driven by available budget and competing priorities. An Enterprise Change Management board helps in assigning priority to the request for changes and upgrades. DMAS is also evaluating leveraging cost saving measures by adopting SAAS and cloud-based solutions.

Agency Objectives:

DMAS continues to improve upon the Medicaid Enterprise System (MES) having successfully received CMS certification for all but one module. The certification process for the Care Management Solution (CRMS) is in the final stages and is with CMS for final disposition which will afford enhanced funding for the Agency for work completed post implementation through final certification. CRMS is an Agency developed solution that helps to coordinate care for our members and is a key communication device for sharing information with our Managed Care Organizations.

Cardinal Care Managed Care is the Agency's effort to achieve better outcomes for members by merging the previous Medallion 4.0 and Commonwealth Coordinated Care Programs into a single program. System changes will be made to support the new program, which will involve various MES modules such as supporting enrollment, intelligent assignment, provider enrollment and management, care coordination, and electronic data interchange.

MES is an ever-evolving solution composed of different modules. Over the next biennium, DMAS will look to replace the Fiscal Agent Services (FAS) module with a more modernized and interoperable module. The existing solution was initially installed in 2003 and consists of an old mainframe central processing component that makes it difficult to connect with more modern cloud-based solutions. FAS consists of claims processing, member management, financial management, and plan management for the Agency's Medicaid management. Replacing this module is key in finalizing the modernization of the infrastructure supporting the Medicaid program.

The Pharmacy Benefit Management Solution (PBMS) which supports point of sale pharmacy claims processing as well as the rebate process will also need to be re-procured, as the current contract reaches end-of-life. Modularity offers the ability to perform Design, Development, and Implementation of various components simultaneously. DMAS will also endeavor to implement a Third-Party Liability (TPL) module using MS Dynamics as the core technology. We will be awarding a contract through CAI after having evaluated via a competitive procurement process. The current system relies on manual processes that will be replaced with workflows and electronic document storage, streamlining current processes, and lessening the burden of the workforce.

The DMAS Enterprise Development unit is developing a change management solution using Oracle Apex which will create a single-entry point for all work intake and alleviate the

usage of disparate systems to manage service requests. The solution will offer reports and dashboards from a single system that will offer the Agency's leadership immediate insight into work efforts, providing progress and status reports, offering real-time views into the health of projects. This single intake entry point will also ensure control over Agency initiatives informing stakeholders via workflows of actions or approvals that need to be taken. Security integration efforts are underway to encompass additional tools and applications under our Single Sign-On (SSO). Our Service Authorization application, change management solution, TPL solution are all scheduled to be integrated with our SSO solution, enhancing the Agency's security and reducing any point of failures. Security integration will also be addressed by introducing an access certification solution with the ability to monitor and grant or revoke access to MES

The Directorate's operating plan includes the following strategic objectives:

1. Create Operational Synergies
• Reorganize and re-charter IT Divisions and Work Units as customer service-oriented centers of excellence; redistribute IM and PMO staff in accordance with new divisional alignments.
• Expand scope of project management services to include business project support.
• Continue supporting pipeline of incoming procurement actions.
• Issue customer surveys annually, analyze results, and create actionable paths to improvement as needed.
• Establish a regular touchpoint with the Budget Division to discuss financial needs and risks.

2. Modernize Systems and Processes
• Initiate Fiscal Agent Services (FAS) procurement and award contract.
• Implement Cardinal Care Managed Care (CCMC) systems changes.
• Start planning for future contract actions for multiple MES Modules (Pharmacy Benefit Management Solution (PBMS), Enterprise Data Warehouse solution (EDWS), Provider Services Solution (PRSS) etc.)
• Author and govern new agency-wide policy for administering Advance Planning Documents (APDs).
• Internally develop and deliver new Work Intake/Change Management tool.
• Plan the Agency's Interoperability and Patient Access (IPA) journey.
• Conclude SAS Viya migration to cloud.
• Migrate Oracle applications to the Oracle Cloud Infrastructure (OCI).
• Retire Oracle Forms & Reports platform, replace with APEX & Office Print (or similar

product)
• Migrate Oracle APEX applications from version 21 to 24
• Investigate alternatives to IBM tech stack for Encounter Processing Solution (EPS)
• Migrate Qlik & Talend to Cloud (for CRMS reporting & ETL)
• Migrate SAS coding to Python (for CRMS & EPS processes)
• EPS feature enhancements & new product release
• Consistently update software to current or -1 versions to conform with VITA roadmap
• Institute CI/CD, DevOps, testing automation for DMAS internal systems
• Create an IT Operations Team to support O & M for DMAS internal systems
• Enhance Application Logging for DMAS internal systems
• Migrate existing K2 applications to our Oracle APEX infrastructure.

3. Operate and Maintain
• Care Management Solution (CRMS) certification from CMS to secure 75% federal financial participation was obtained/approved by CMS in August 2024. We are maintaining CRMS with 75/25 funding.
• Created a streamlined process for CMS Operational Reporting (ORWs) for certified modules or systems receiving enhanced funding from CMS. ORWs will be submitted annually for 2025 in batched APD
submissions. Monthly submissions will begin to the CMS BOX beginning in July 2025 going forward.
• Continue Medicaid Enterprise System (MES) operations and maintenance (O&M) and change management functions, such as information service requests (ISRs), Maintenance Service Requests (MSRs), and
Emergency Work Orders (EWOs).
• Support Agency Portal, SharePoint, DocuSign, K2 workflows, Granicus and Managed File Transfers solution (GoAnywhere).

4. Develop and Retain Staff
• Encourage and fund relevant value-add professional development opportunities, such as Agile software development.
• Reimburse staff costs for maintaining relevant professional certifications.
• Increase staff adoption of Agile principles/ methodology and increase knowledge base to keep pace with private industry.
• Recognize and reward well-performing staff on a timely basis through the Agency's existing reward/ recognition program.
• Conduct all-staff meetings or team building events on a quarterly basis.

5. Increase Transparency

• Increase utilization of enterprise governance tools.
• Assign dedicated SME to create and own a Microsoft Project Online reporting dashboard where customers can get a quick sense of their project's schedule performance.
• Conduct study to determine optimal staffing level or strategy based on current and forecasted demand for services.
• Create robust SharePoint site for Technology & Innovation directorate explaining core services, how to get help, and who to contact, as well as sharing templates and organizational process assets.

6. Build Coalitions

• Attend relevant CMS conferences, such as the Medicaid Enterprise Systems Community (MESC) to interact with CMS leadership.
• Participate in Systems Technical Advisory Group (S-TAG).
• Assign SME(s) to liaise with Sister Agencies and meet regularly to ensure alignment on funding and shared technical efforts.
• Proactive

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 6 years in support of the strategic objectives of your agency.

Will any of the following areas require additional funding over the next 6 years beyond that currently forecast by your agency? (please check all that apply)

License Renewals, System Enhancements, Re-competition of current IT contracts, Security improvements,

Looking ahead over the next 6 years, please list any IT initiatives needed to support the business Mission, Goals, and Objectives of your agency not addressed by application modernization (other than staffing levels and applications detailed elsewhere). These could include disaster recovery, network upgrades, radio communications etc.

IT Initiative 1:
MES Access Certification

IT Initiative 2:
Azure Virtual Desktop Infrastructure (VDI)

IT Initiative 3:
Oracle Data Masking

IT Initiative 4:
Oracle infrastructure, development platforms and applications

External Factors Impacting IT:

In this section, describe changes or mandates from external sources to the agency's current IT investments. These are requirements and mandates from external sources, such as new federal or state legislation, executive orders, regulatory bodies, or legal requirements. The agency must identify the change, any important deadlines that must be met, and the consequences if the deadlines are not met.

Are there any mandate driving changes in your current IT environment? (Yes/No)

Yes

1. Mandate Details:

Mandate:

External to State Government?

Mandate Date: 06/30/2027

Need Change?:

Implement new Fiscal Agent Services

Consequence:

Lose Federal Enhanced Funding

Citation:

Competitively Source Fiscal Agent Services

CMS Approval Letter for Legacy Fiscal Agent Services

FAS sole source approval letter approved with the contingency (mandate) that we procure a new system. No more sole source extensions until progress is shown

toward procuring a new solution.

Impact:

Yes for sister agencies DSS, DBHDS, VDH, SCC

2. Mandate Details:

Mandate:

External to State Government

Need Change?:

Multiple Systems being analyzed

Consequence:

Lose Enhanced Federal Funding

Citation:

CMS Final Rules

MCO Final Rules

Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule (CMS-2439-F) | CMS

https://www.cms.gov/newsroom/fact-sheets/medicaid-and-childrens-health-insurance-program-managed-care-access-finance-and-quality-final-rule

Access Final Rules

Ensuring Access to Medicaid Services Final Rule (CMS-2442-F) | CMS

https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-final-rule-cms-2442-f

Impact:
Possible, TBD

3. Mandate Details:

Mandate:
External to State Government

Need Change?:
Multiple Systems being analyzed

Consequence:
Lose Enhanced Federal Funding

Citation:
Interoperability and Patient Access

Implementation of the CMS Interoperability and Patient Access Final Rule and Compliance with the ONC 21st Century Cures Act Final Rule
https://www.cms.gov/priorities/key-initiatives/burden-reduction/interoperability/policies-and-regulations/cms-interoperability-and-patient-access-final-rule-cms-9115-f

Impact:

Possible, TBD

4. Mandate Details:

Mandate:

External to State Government

Mandate Date: 01/01/2025

Need Change?:

Multiple Systems being analyzed

Consequence:

Lose Enhanced Federal Funding

Citation:

Consolidated Appropriations Act (CAA) - Incarcerated Youth Re-Entry

CAA 2023 Sections 5121 & 5122 - Juvenile Justice

https://www.medicaid.gov/medicaid/benefits/reentry-services-for-incarcerated-individuals/caa-2023-sections-5121-5122-juvenile-justice

Impact:

Possible, TBD

5. Mandate Details:

Mandate:
Internal to State Government

Mandate Date: 07/01/2024

Need Change?:
Multiple Systems being analyzed

Consequence:
Non-Compliance with Virginia House Bill 30

Citation:
Right Help Right Now Phase II

Virginia House Bill 30 (Enrolled):

XX. 1. Effective July 1, 2024, the Department of Medical Assistance Services (DMAS) shall have the authority to modify Medicaid behavioral health services such that: (1) legacy services that predate the current service delivery system, including Mental Health Skill Building, Psychosocial Rehabilitation, Intensive In Home Services, and Therapeutic Day Treatment are phased out; (2) legacy youth services are replaced with the implementation of tiered community based supports for youth and families with and at-risk for behavioral health disorders appropriate for delivery in homes and schools, (3) legacy services for adults are replaced with a comprehensive array of psychiatric rehabilitative services for adults with Serious Mental Illness (SMI), including community-based and center-based services such as independent living and resiliency supports, community support teams, and psychosocial rehabilitation

services, (4) legacy Targeted Case Management- SMI and Targeted Case Management- Serious Emotional Disturbance (SED) are replaced with Tiered Case Management Services. All new and modified services shall be evidence based and trauma informed. To facilitate this transition, DMAS shall have the authority to implement programmatic changes to service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates for the legacy and redesigned services identified in this paragraph. DMAS shall only proceed with the provisions of this paragraph if the authorized Medicaid behavioral health modifications and programmatic changes can be implemented in a budget neutral manner within appropriation provided in this Act for the identified legacy services. Moreover, any new or modified services shall be designed such that out-year costs are in line with the current legacy service spending projections. No new Medicaid behavioral health services or rates shall be implemented until corresponding legacy services have ended. Implementation of the redesigned services authorized in this paragraph shall be completed no later than June 30, 2026. The Department of Medical Assistance Services shall have the authority to seek federal authorization through waiver and state plan amendments under Titles XIX and XXI of the Social Security Act, as necessary, to meet the requirements of this paragraph. The department shall have authority to implement the changes authorized in this paragraph upon federal approval and prior to the completion of any regulatory process.

Impact:
Possible, TBD

Will you have staffing issues that impact meeting these requirements and mandates?

Yes

Future IT Solutions:

This section will discuss how the agency's IT investments and investment strategies support the business strategies over the next 6 years. The agency does not need to discuss specific technologies at this time.

List in priority order, the IT investments (Projects, Procurements, BRTs) for your agency during the next 6 years.
Place your proposed projects and procurements in order of priority for your agency (one being the highest priority).

1. Projects and Procurement Details:

IT Investment:
Fiscal Agent Services - Rebid 2024

MES is an ever-evolving solution composed of different modules. DMAS is replacing the Fiscal Agent Services (FAS) module with a more modernized and interoperable module. The existing solution was initially installed in 2003 and consists of an old mainframe central processing component that makes it difficult to connect with more modern cloud-based solutions. FAS consists of claims processing, member management, financial management, and plan management for the Agency's Medicaid management. Replacing this module is key in finalizing the modernization of the infrastructure supporting the Medicaid program.

IT Objective:
Innovate

IT Business Value:
Eliminate Technical Debt

IT Support:
Application Modernization

2. Projects and Procurement Details:

IT Investment:
MES Pharmacy Benefit Management

The Pharmacy Benefit Management Solution (PBMS) which supports point of sale pharmacy claims processing as well as the rebate process will also need to be re-procured, as the current contract reaches end-of-life.

IT Objective:
Operate

IT Business Value:
Essential services for Virginia Medicaid.

IT Support:
Essential services for Virginia Medicaid.

3. Projects and Procurement Details:

IT Investment:
Enterprise Change Management Solution

The DMAS Enterprise Development unit is developing a change management

solution using Oracle Apex which will create a single-entry point for all work intake and alleviate the usage of disparate systems to manage service requests. The solution will offer reports and dashboards from a single system that will offer the Agency's leadership immediate insight into work efforts, providing progress and status reports, offering real-time views into the health of projects. This single intake entry point will also ensure control over Agency initiatives informing stakeholders via workflows of actions or approvals that need to be taken.

IT Objective:
Improve

IT Business Value:
Creating a new unified process that fosters a transition from a manual labor system to one in which business needs are met through configuration and automated workflows. This will include submittal, review, approvals, and other key steps related to Release Management and Changes such as development, testing, and implementation actions.

IT Support:
Remediates open audit findings.

4. Projects and Procurement Details:

IT Investment:
Security

Security integration efforts are underway to encompass additional tools and applications under our Single Sign-On (SSO). Our Service Authorization application,

change management solution, SAS Viya and Teradata are all scheduled to be integrated with our SSO solution, enhancing the Agency's security and reducing any point of failures. Security integration will also be addressed by introducing an access certification solution with the ability to monitor and grant or revoke access to MES.

IT Objective:
Improve

IT Business Value:
Enhance the Agency's security and reducing any points of failure

IT Support:
Enhance the Agency's security and reducing any points of failure

5. Projects and Procurement Details:

IT Investment:
DMAS Agency Website Solution

Virginia Department of Medical Assistance Services seeks to procure website development and management services using eGov service offering. to provide a Solution and/or Services to redesign the DMAS main citizen facing website within the sub-supplier's govAccess Content Management System platform, to provide on-going hosting and O&M services, and to provide strategic digital marketing services.

IT Objective:
Innovate

IT Business Value:
Optimize DMAS websites and eliminate Technical Debt.

IT Support:
Application Modernization.

6. Projects and Procurement Details:

IT Investment:
Centralized Mailroom

DMAS has been mandated by the GA (288 6C) to procure a vendor to stand up a centralized inbound mailroom for Medicaid members and applicants. Inbound mail is currently handled by LDSS, DMAS and Cover VA.

IT Objective:
Operate

IT Business Value:
This mailroom will ensure timely handling/processing of inbound and return mail, which supports federal timely processing guidelines and will improve accuracy of work. It also supports federal requirements for proper handling of returned mail, including dual modality requirements. It will assist with automation and improving applicant and member outcomes based on implementing advanced technology for identifying and correcting case records when new addresses are found for members. This should result in less procedural closures due to outdated addresses on file.

IT Support:

Supports state and federal requirements for proper handling of mail.

7. Projects and Procurement Details:

IT Investment:

MES PRSS Re-Bid

PRSS is an integrated MES module that supports provider enrollment and management. Provider Services Solution (PRSS) option years will end on 11/30/2027. DMAS must re-bid the PRSS Solution and implement prior to 11/30/2027 to ensure continuity of services.

IT Objective:

Operate

IT Business Value:

DMAS must re-bid the PRSS Solution and implement prior to 11/30/2027 to ensure continuity of services.

IT Support:

Essential services for Virginia Medicaid.

8. Projects and Procurement Details:

IT Investment:
Enrollment Broker Services – Procurement

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 Coordinated Care Plus (CCCP) web sites with ready access to information 24/7; conducting health status assessment surveys on newly enrolled managed care members; call monitoring, tracking and reporting telephone statistics in support of contract performance and quality standards; creation and revision of MCO comparison charts; and resolution of eligibility, enrollment and complaints.

IT Objective:
Operate

IT Business Value:
Essential services for Virginia Medicaid. CMS Requirement.

IT Support:
Essential services for Virginia Medicaid. CMS Requirement.

IT Strategic Plan Budget Tables

Current IT Services				
	Costs Year 1		**Costs Year 2**	
Category	**GF**	**NGF**	**GF**	**NGF**
Projected Service Fees	$2,366,448	$7,859,771	$2,434,442	$8,095,564
VITA Infrastructure Changes				
Estimated VITA Infrastructure	$2,366,448	$7,859,771	$2,434,442	$8,095,564
Specialized Infrastructure				
Agency IT Staff	$3,773,709	$3,773,709	$3,886,920	$3,886,920
Non-agency IT Staff	$2,016,791	$6,050,373	$2,077,294	$6,231,884
Cloud Computing Service	$26,519,951	$68,984,622	$27,307,745	$71,046,356
Other Application Costs	$458,382	$1,375,148	$86,147	$258,442
Total:	$35,135,284	$88,043,625	$35,792,550	$89,519,168

Proposed IT Investments				
	Costs Year 1		**Costs Year 2**	
Category	**GF**	**NGF**	**GF**	**NGF**
Major IT Projects:	$4,950,000	$41,350,000	$5,066,750	$42,400,750
Non-Major IT Projects:	$140,000	$1,260,000	$60,000	$540,000
Agency-Level IT Projects:				
Major Stand Alone IT Procurements:				
Non-Major Stand Alone IT Procurements:				
Agency-Level Stand Alone IT Procurements:				
Procurement Adjustment:				
Total:	$5,090,000	$42,610,000	$5,126,750	$42,940,750

Projected Total IT Budget				
	Costs Year 1		**Costs Year 2**	
Category	**GF**	**NGF**	**GF**	**NGF**
Current IT Services	$35,135,284	$88,043,625	$35,792,550	$89,519,168
Proposed IT Investments	$5,090,000	$42,610,000	$5,126,750	$42,940,750
Total	$40,225,284	$130,653,625	$40,919,300	$132,459,918

Commonwealth Projects >= $250,000.00

Agency:	602 Department of Medical Assistance Services
Date:	10/2/2025

TPL Tracking Solution - proj	
Category 4	Project Initiation Approval

(Third Party Liability) TPL Tracking Solution would provide efficiency and automation to an existing manual process for tracking LIENS requests and communications with OAG and Citizens.

DMAS will engage with Guidehouse using Microsoft Dynamics to design, configure and implement and integrate the COTS intake solution. Rather than a traditional waterfall methodology, the implementation will follow an Agile/Waterfall Hybrid, with phased functionality being introduced into production over time.

Project Start Date	11/15/2022	Project End Date	7/25/2025
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$1,215,000		$1,215,000
Estimated first year of biennium:	$0		
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

Enterprise Change Management Solution	
Category 4	Project Initiation Approval

An Enterprise Change Management solution is needed so DMAS can implement a single change management system to maintain formal documentation of change requests, stakeholder reviews and approvals, development, testing, and implementation actions for all changes to DMAS applications (including all MES Modules), software, and infrastructure.

The Commonwealth of Virginia's Department of Medical Assistance Services (DMAS) (also referred to throughout this Charter as "the Department") replaced its Virginia Medicaid Management Information System (VAMMIS) with a Medicaid Enterprise System (MES) and went Live April 4th, 2022. The MES environment comprises of multiple vendors and lacks a single comprehensive Change Management Solution with workflow capabilities and integration functionality. The proposed project is to implement a solution to fill this gap.

The Department's business opportunities and challenges include: - Intake and tracking of all new requests. - Intake and tracking of artifacts and additional supporting materials related to releases and changes. - No customizable automation of notifications, no Service Level Agreements (SLA) and looking for more real time updates to the process - No comprehensive dashboard that is customizable to each business unit or Modules for a full view into releases and changes as it relates to the MES and the specific module.

The existing process is highly manual and creates a huge risk as much of the current process is tracked using an over 20+ year Remedy system as well as a secondary system used for MES (JIRA). The current systems require a great deal of manual emailing and process management. In addition, the ever-increasing volume as Medicaid grows creates the potential of staff not being able to process or track all requests in a timely manner.

Creating a new unified process that fosters a transition from a manual labor system to one in which business needs are met through configuration and automated workflows. This will include submittal, review, approvals, and other key steps related to Release Management and Changes such as development, testing, and implementation actions.

A unified system will transform the existing manual processes by leveraging the capabilities of the Agency's Oracle APEX solution currently in place. The solution will be configurable to capture the data necessary to track Change artifacts, notify affected parties and aid with accurately forecasting issues and concerns when planning system changes.

The solution is being developed within the VITA hosted Oracle APEX environment.

Project Start Date	10/15/2024	Project End Date	12/31/2025
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$646,800		
Estimated first year of biennium:	$0		
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

MES Access Certification	
Category 4	Project Initiation Approval
This project will implement role-based access certification campaigns across the MES program as one of the principles of zero trust security. Zero trust security assumes that every user and network connection is potentially compromised and requires ongoing verification and validation. Role-based access certification is a key component of zero trust security ad involves periodically reviewing and evaluating the access rights of users to ensure that they are appropriate and necessary.	

Project Start Date	7/7/2024	Project End Date	12/31/2025
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$1,400,000	$140,000	$1,260,000
Estimated first year of biennium:	$0		
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

DMAS - Project - Agency Website	
Category 3	Limited Oversight - Active

Virginia Department of Medical Assistance Services seeks to partner with SiteVision and their sub-supplier, Granicus, to provide a Solution and/or Services to redesign the DMAS main citizen facing website within the sub-supplier's govAccess Content Management System platform, to provide on-going hosting and O&M services, and to provide strategic digital marketing services via Granicus Experience Group (GXG).

Project Start Date	7/3/2025	Project End Date	6/30/2026
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$600,000	$300,000	$300,000
Estimated first year of biennium:	$0		
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

FFS Grievance System	
	Limited Oversight - Active

The Department must devise a strategy for standing up or modifying a method for receiving and responding to FFS participant complaints or grievances, assuring alignment with Access Rule expectations, other Medicaid appeals requirements, and methods for addressing and investigating reportable events. The project will allow DMAS to develop and implement a Grievance Public Portal for supporting the processes the State implements to handle grievances, as well as the processes to collect and track information about them.

The department may manage the execution through existing staff and resources. The department

may also procure contractors with industry standard and technology expertise or issue a Statement of Work (SOW) with an existing vendor to meet the requirements for developing the grievance system to achieve compliance with the CMS Access rule.

Project Start Date	6/2/2025	Project End Date	7/30/2026
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$950,000		
Estimated first year of biennium:	$0		
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

Centralized Mailroom	
	Limited Oversight - Active
DMAS has been mandated by the GA (288 6C) to procure a vendor to stand up a centralized inbound mailroom for Medicaid members and applicants. Inbound mail is currently handled by LDSS, DMAS and Cover VA. This mailroom will ensure timely handling/processing of inbound and return mail, which supports federal timely processing guidelines and will improve accuracy of work. It also supports federal requirements for proper handling of returned mail, including dual modality requirements. It will assist with automation and improving applicant and member outcomes based on implementing advanced technology for identifying and correcting case records when new addresses are found for members. This should result in less procedural closures due to outdated addresses on file.	

Project Start Date	6/9/2025	Project End Date	9/30/2025
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$825,000		
Estimated first year of biennium:	$0		
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

Fiscal Agent Services	
Category 1	Investment Business Case Approval

DMAS is planning to rebid the current Fiscal Agent Services (FAS). This project is to implement the selected solution. FAS is a module within MES and supports Member Management, Plan Management, Claims Processing and Fiscal Agent Services among others. The Department of Medical Assistance Services (DMAS) is responsible for administering the Virginia Medicaid Program. DMAS administers the state Medicaid program using Medicaid Enterprise System (MES). FAS is a component of MES. FAS is a computerized system that DMAS uses to perform claims processing, member management, plan management, financial and budget services, information retrieval, and program management support. FAS serves 1 in 5 Virginians/ 1.9 million members. It is authorized by Title XIX of the Social Security Act. The guidance set forth in CMS 42 CFR Part 433 applies to the Medicaid Management Information System (MMIS) as well as the Medicaid eligibility determination and enrollment activities as set forth in the Affordable Care Act of 2010. DMAS will develop an RFP, which will require VITA review.

This project supports the Fiscal Agent Services - Rebid 2024 procurement.

Project Start Date	1/15/2026	Project End Date	6/30/2028
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$70,000,000	$7,000,000	$63,000,000
Estimated first year of biennium:	$46,690,000	$4,669,000	$42,021,000
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

Non-Emergency Medical Transportation (NEMT)	
Category 2	Investment Business Case Approval

Overall objective of ensuring eligible members receive high quality, appropriate, safe, and cost-effective Non Emergency Medical Transport (NEMT) services. The solution must provide an effective and highly efficient operation that takes advantage of technology; reduces the administrative burden on NEMT providers, facilities, other service providers, and members; and provides flexible operations that will allow the State to react to program changes in a timely manner;This is ~$80M of transportation services over the course of the contract, but...If any vendor other than the incumbent wins the RFP competition, there may be an effort to stand up the new service. If the incumbent wins, it will be mostly a non-event.This is not an “IT System” but the winning vendor will provide some sort of website or app whereby beneficiaries can get the transportation they need. At the very least, there is some PII that needs to be safeguarded.

Project Start Date	11/3/2025	Project End Date	10/1/2026
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$5,000,000		

Estimated first year of biennium:	$0		
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

Enrollment Broker - Project			
Category 2		Investment Business Case Approval	
Enrollment Broker vendor will assist members with health plan education and selection			
Project Start Date	1/15/2026	Project End Date	12/31/2026
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$2,000,000	$200,000	$1,800,000
Estimated first year of biennium:	$1,000,000	$100,000	$900,000
Estimated second year of biennium:	$0		

Project Related Procurements

There are no procurements for this project

MES Pharmacy Benefit Management - 2025 Project			
Category 1		Investment Business Case Approval	
MES Pharmacy Benefit Management - 2025 Project Pharmacy Benefits Management Solution (PBMS) expires 9/30/2025. DMAS intends to extend current contract until 9/30/2028. For continuity of services, a new project and procurement needs to be completed and implemented prior to the end date of the extension. DMAS will conduct an RFP for this effort.			
Project Start Date	11/2/2026	Project End Date	9/29/2028
Estimated Costs:	**Total**	**General Fund**	**Non-General Fund**
Project Cost	$15,000,000		
Estimated first year of biennium:	$7,500,000	$750,000	$6,750,000
Estimated second year of biennium:	$7,500,000	$750,000	$6,750,000

Project Related Procurements

There are no procurements for this project

Commonwealth Procurements >= $250,000.00

Agency:	602 Department of Medical Assistance Services
Date:	10/2/2025
Procurement Name:	Active Shooter Detection System Procurement
Procurement Date	5/15/2020
Procurement Description:	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. 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.
Procurement Name:	Actuarial and Consulting Services
Procurement Date	12/31/2036
Procurement Description:	The RFP is to procure Consulting and Actuarial services to develop capitation rates for Medicaid managed care programs, the State Children's Health Insurance Program, and other health care programs. DMAS is conducting an RPF and looking for a 10 year contract. Operational and Functional Requirements The Supplier shall be required to provide a full range of services and deliverables as part of the Actuary Services Contractor. Some of the primary responsibilities include but are not limited to the following: DEVELOP CAPITATION RATES: EVALUATE DATA QUALITY: FORMULATE ASSUMPTIONS: RISK ADJUSTMENT · PREPARE RATE BOOK: · ASSIST IN THE PREPARATION AND AMENDMENT OF 1915(B) WAIVER COST EFFECTIVENESS PROJECTIONS: · NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT):

	· PHARMACY EFFICIENCIES: · PHARMACY HIGH COST DRUG CONSIDERATION TREND MEMO: · CLINICAL EFFICIENCIES: · BUDGET ESTIMATES: · NURSING FACILITY VALUE-BASED PURCHASING · DIRECTED PAYMENTS: · DATA DOWNLOAD: The Contractor will collaborate with DMAS and its Vendors to receive and download monthly encounter data needed for analysis and rate setting. · PERFORM OTHER SERVICES:
Procurement Name:	AIMS - Appeals Information Management System
Procurement Date	10/14/2027
Procurement Description:	AIMS is the MES module for filing and updating citizen appeals in the Virginia Medicaid System. AIMS is being renewed in 2024. This will be a three year renewal.
Procurement Name:	Centralized Mailroom
Procurement Date	8/1/2034
Procurement Description:	DMAS has been mandated by the GA (288 6C) to procure a vendor to stand up a centralized inbound mailroom for Medicaid members and applicants. Inbound mail is currently handled by LDSS, DMAS and Cover VA. This mailroom will ensure timely handling/processing of inbound and return mail, which supports federal timely processing guidelines and will improve accuracy of work. It also supports federal requirements for proper handling of returned mail, including dual modality requirements. It will assist with automation and improving applicant and member outcomes based on implementing advanced technology for identifying and correcting case records when new addresses are found for members. This should result in less procedural closures due to outdated addresses on file. This is the total estimated cost of the contract and it includes the initial 5 year term and 4 years of renewals. Most of this cost is for non-IT services.

	The IT cost is expected to be a portion of the total and will be better defined upon review of the proposals.
Procurement Name:	Cost Settlement, Auditing and General Consulting
Procurement Date	12/30/2032
Procurement Description:	The prospective vendor for DMAS Provider Rate Development Division will examine provider-submitted cost reimbursement reports and conduct comprehensive audits for healthcare providers participating in the Virginia Medical Assistance Program. They will communicate with DMAS and providers regarding cost allowability and inform DMAS of matters affecting annual rate updates, including specific determinations for nursing facilities, hospitals, and medical education costs. The vendor will also examine Personal Fund Account records maintained by Nursing Facilities for Medicaid Recipients. Additionally, they will provide general consulting services to address requests from governing bodies and stakeholders, such as the General Assembly and Centers for Medicare and Medicaid Services. Lastly, the vendor will offer consulting and auditing services to monitor contractual arrangements and payments with participating Managed Care Organizations, including administrative cost audits, related party audits, and profit cap and medical loss ratio reviews DMAS will conduct an RFP for this. It is a Federal Mandate - current contract expires 12/31/2025.
Procurement Name:	DMAS Agency Website Procurement
Procurement Date	3/29/2030
Procurement Description:	Virginia Department of Medical Assistance Services seeks to procure website devekopment and management services using eGov service offering. to provide a Solution and/or Services to redesign the DMAS main citizen facing website within the sub-supplier's govAccess Content Management System platform, to provide on-going hosting and O&M services, and to provide strategic digital marketing services.
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:	Enrollment Broker Services - Procurement
Procurement Date	11/1/2030
Procurement Description:	High Level: Replace DMAS 3rd party vendor to walk members through proper plan sign up Competitive RFP (4yr contract plus 3 optional years) 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 customustomer service, update and maintain the Virginia Managed Care and Commonwealth Coordinated Care Plus (CCCP) web sites with ready access to information 24/7; conducting health status assessment surveys on newly enrolled managed care members; call monitoring, tracking and reporting telephone statistics in support of contract performance and quality standards; creation and revision of MCO comparison charts; and resolution of eligibility, enrollment and complaints. CMS Requirement
Procurement Name:	EQRO (External Quality Review Org) - Procurement
Procurement Date	1/30/2026
Procurement 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 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. This is a Center for Medicaid Services (CMS) requirement and DMAS will conduct an RFP.

Procurement Name:	Fiscal Agent Services (FAS) & MMIS - Rebid Cancel
Procurement Date	12/1/2022
Procurement Description:	DMAS is planning to rebid and takeover the current Fiscal Agent Services (FAS) from Conduent. The procurement can include some critical upgrades. FAS is a module within MES and supports Member Management, Plan Management, Claims Processing and Fiscal Agent Services among others. VAMMIS is the Virginia Medicaid Management Information System. The Department of Medical Assistance Services(DMAS) is responsible for administering the Virginia Medicaid Program. DMAS administers the state Medicaid program using VAMMIS. VAMMIS is a computerized system that DMAS uses to perform claims processing, information retrieval, and program management support. DMAS contracts with Conduent to maintain the Virginia Medicaid Management InformationSystem (VAMMIS) and perform provider enrollment and claims processing services. VAMMIS serves 1 in 5 Virginians/ 1.9 million members. It is authorized by Title XIX of the Social Security Act. The guidance set forth in CMS 42 CFR Part 433 applies to the Medicaid Management Information System (MMIS) as well as the Medicaid eligibility determination and enrollment activities as set forth in the Affordable Care Act of 2010. VAMMIS is hosted on Conduent's IBM Mainframe server. The database production system servers that the VAMMIS program utilizes are located at a hardened data center in East Windsor, NJ and FIS's Little Rock, AR Data Center. TheVAMMIS mainframe platform is located at FIS in Little Rock, Arkansas. DMAS will develop an RFP, which will require VITA review.
Procurement Name:	Fiscal Agent Services - Rebid 2024
Procurement Date	9/20/2036
Procurement Description:	DMAS is planning to rebid the current Fiscal Agent Services (FAS). The procurement will include some critical upgrades. FAS is a module within MES and supports Member Management, Plan Management, Claims Processing and Fiscal Agent Services among others. The Department of Medical Assistance Services (DMAS) is responsible for administering the Virginia Medicaid Program. DMAS administers the state Medicaid program using Medicaid Enterprise System (MES). FAS is a component of MES. FAS is a computerized system that DMAS uses to perform claims processing,

	member management, plan management, financial and budget services, information retrieval, and program management support. FAS serves 1 in 5 Virginians/ 1.9 million members. It is authorized by Title XIX of the Social Security Act. The guidance set forth in CMS 42 CFR Part 433 applies to the Medicaid Management Information System (MMIS) as well as the Medicaid eligibility determination and enrollment activities as set forth in the Affordable Care Act of 2010. DMAS will develop an RFP, which will require VITA review.
Procurement Name:	Fiscal/ Emp Agent for Consumer Directed Services
Procurement Date	12/30/2023
Procurement Description:	The responsibilities of the Contractor include: 1) pre- employment services including enrolling Medicaid individuals (employers) and their Personal Care Assistants (employees). This includes requesting criminal records check, child abuse and neglect checks, as well as other state and federally required background checks; 2) processing employee Timesheets; 3) deducting, filing, and paying state and federal income and employment taxes and other withholdings; 4) paying Personal Care Assistants(employees); 5) providing customer service through a Call Center; 6) providing training on F/EA enrollment and payroll processing procedures to Medicaid Individuals, Services Facilitators or designated entity responsible for supporting the Medicaid Individual in managing their Personal Care Assistants, and 7) providing an electronic visit verification (EVV) system compliant with the 21st Century Cures Act for personal care services mandate.
Procurement Name:	Granicus DMAS HHR Medicaid Application PDF
Procurement Date	4/29/2025
Procurement Description:	Virginia Department of Medical Assistance Services (DMAS) is required to improve their PDF application for medical coverage to make the application easy to read, understand, and complete accurately. The outcome of the initiative will be two-fold: • Successfully enroll more Virginia residents who need coverage without needing additional help to fill out the application • Save staff time on assisting applicants who filled out the form incorrectly and/or required in-person assistance to successfully complete the form. The PDF application is separate from the online application portal. The PDF application needs to be able to be completed on a computer and be able to be printed to complete by hand.

Procurement Name:	Interoperability and Patient Access (PAI)
Procurement Date	2/25/2022
Procurement 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.\ DMAS will conduct an RFP for this procurement. Depending on the RFP response, DMAS has initiate a project for this.
Procurement Name:	Managed Care Contract Re-Procurement (Eclipse)
Procurement Date	1/31/2024
Procurement Description:	DMAS intends to re-procure services provided by Managed Care organizations for administering the Medicaid program managed by the Agency. The procurement will result in multiple awards. The Virginia Medicaid agency will hire nationally recognized consultants with expertise in the managed care field to assist in drafting the request for proposals. The agency also plans to seek input from the General Assembly, Medicaid members, health care providers, other state agency representatives and community stakeholders on the design of the new managed care program. This is a zero cost procurement. This investment has been added to the IT Portfolio to ensure appropriate reviews of the IT components. IT components consist of RFP review, contract reviews, ECOS reviews, etc.
Procurement	Medicaid Dental Program - Procurement

Name:	
Procurement Date	12/1/2020
Procurement Description:	Competitive procurement for replacement Medicaid Dental vendor. This PGR was previously approved by the CIO on October 2, 2020 with PGR number 20-142 for 49 million. This is to update the reviews and approval due to age.
Procurement Name:	Printing, Mailing, and Distribution Services
Procurement Date	2/29/2024
Procurement Description:	DMAS needs to re-bid the Printing, Mailing, and Distribution Services. The current contract expires on 06/30/24, The services supports all of MES/MMIS mailing requirements. DMAS will conduct an RFP for this.
Procurement Name:	SAS - Migration to Cloud Procurement
Procurement Date	10/29/2027
Procurement Description:	This request is for the SAS VIYA analysis application and accompanying services required for transitioning from a server-based platform to a cloud-based platform, as mandated by VITA Executive Order 1089.