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*MMIS Replacement Planning Project
Legislative Quarterly Status Report
October – December 2017*

Submitted: January 30, 2018

This quarterly *Medicaid Management Information System (MMIS) Replacement Planning Project Report* is filed by the Department of Health and Human Services Division of Medicaid and Long-Term Care (MLTC), as required by LB 657 of 2015.

Summary of Accomplishments and Upcoming Activities

The MMIS project team continues to plan for the replacement of the functionality within the existing MMIS. Following is a list of project accomplishments over the past quarter and upcoming activities and milestones for the next quarter.

Accomplishments: October – December 2017

- Fully executed Data Management and Analytics (DMA) contract with Deloitte Consulting, LLP. Contract start date is November 1, 2017 with a February 1, 2018 start date for the Design, Development and Implementation (DDI) phase.
- Commenced DMA project planning and onboarding activities with Deloitte Consulting, LLP.
- Finalized multiple Centers for Medicare and Medicaid Services (CMS) required DMA Project Initiation Milestone Review (PIMR) certification artifacts.
- Submitted Operational Advance Planning Document (OAPD) to CMS for Truven contract extension to maintain the current solution until the new DMA is implemented.
- Completed DMA current state business discovery tasks.
- Completed Eligibility and Enrollment Solution (EES) Phase 2 interface design for MMIS in preparation for integration with new Medicaid eligibility system.
- Finalized claim volume estimates for Claims Broker Services (CBS).
- Conducted CBS discovery resulting in the identification of implementation and operational cost estimates.
- Initiated dialogue with CMS on CBS implementation and certification approaches.

Current / Upcoming Activities: January – March 2018

- Conduct formal DMA project kickoff meeting on February 1, 2018.
- Publish DMA Deliverable Review Process.
- Commence DMA DDI project activities with Deloitte Consulting, LLP.
- Finalize collection of DMA checklist requirements evidence for CMS PIMR.
- Complete EES Phase 2 design work for ACCESSNebraska in preparation for integration with new Medicaid eligibility system.
- Begin EES Phase 2 programming for non-Modified Adjusted Gross Income (MAGI) eligibility categories.
- Prepare for EES Phase 2 Master Client Index (MCI) implementation.
- Complete CBS discussions with CMS regarding the UHC approach to implementation and certification.
- Update CBS specific language within Heritage Health contracts to include most recent information/data as required.

Project Status Summary by Component

The status for each project is described below.

Data Management and Analytics (DMA)

Providing an improved capability to manage the vast amounts of data received by the Medicaid agency continues to be a top priority for DHHS. Managing the data, producing accurate and timely reports, and utilizing the data to make informed business decisions will continue to become more critical within the Medicaid program. The request for proposal (RFP) for the DMA procurement was approved by all stakeholders and released to the public in June 2016. Five (5) vendors responded with proposals that were assessed through the evaluation process.

An intent to award the contract to Optum Government Solutions was posted in December 2016. A procurement protest was received from two vendors in January 2017. The protest resulted in a revised intent to award to Deloitte Consulting in March 2017. Protests were received based on the revised intent to award. All protests were resolved in early April and contract negotiations with Deloitte Consulting, LLP were conducted throughout the months of May and June. Agreement was reached on July 12, 2017, and the contract was submitted to CMS for approval on July 21, 2017. CMS formally approved the IAPD-U and contract on September 21, 2017.

A final contract was executed with Deloitte Consulting, LLP in December 2017. The contract contains a contract start date of November 1, 2017 and a Design, Development and Implementation (DDI) start date of February 1, 2018.

The decision support system/data warehouse contract with Truven Health Analytics was scheduled to expire September 30, 2018, which is prior to the implementation of the DMA. A Truven contract extension and Operational Advanced Planning Document (OAPD) have been completed to enable the continuation of day to day operations until Truven transitions operations from the current solution to the DMA solution.

DMA readiness activities are concluding with a project kickoff meeting scheduled for February 1, 2018. Readiness activities included Medicaid Enterprise Certification Lifecycle (MECL) tasks, current state discovery, project management, resource, communication and facilities planning. These planning activities have prepared MLTC to effectively begin work with Deloitte Consulting, LLP as the DMA implementation project commences.

Eligibility and Enrollment System (EES) Phase 2

DHHS is currently replacing its legacy eligibility and enrollment system, Nebraska Family On-line Client User System (NFOCUS), with an updated technology platform to meet federal compliance requirements and modernize and improve eligibility operations. DHHS contracted with Wipro LLC, a system integrator (SI), to implement the IBM Curam solution.

System development activities for MAGI have been completed and are being tested. The project is shifting focus to non-MAGI eligibility categories. Implementation of the MCI feature of the new

platform is scheduled for April 2018. Planning for staffing and production support of the MCI is underway.

Claims Broker Services (CBS)

The CBS project work effectively remains on hold. MLTC has refined the fee-for-service claims volume estimates and the scope of services that will fall under CBS. United Healthcare (UHC) and their partner, Optum Healthcare Solutions (Optum), have provided details on their approach to implementation and certification. Certification is required to receive enhanced federal funding.

There are multiple certification approaches under consideration for CBS. MLTC continues to dialogue with the CMS regarding the implementation and certification information provided by UHC and must determine the most appropriate solution for the project. It is critical to obtain buy-in from CMS regarding the chosen approach.

Additionally, MLTC is conducting discovery of “CBS-like” projects that have occurred in other states within recent years to determine if there are existing best practices that can be applied to Nebraska’s efforts.

Project Milestones

The project team continues to complete tasks identified in the detailed project work plans. The planned milestones for the above projects are included in the tables below.

DMA Project Milestones	Target Completion
Finalized DMA contract negotiations	Completed
Received CMS DMA IAPD-U approval	Completed
Fully executed contract	Completed
DMA implementation vendor begins work	February 2018
CMS Project Initiation Milestone Review (PIMR)	March 2018
Go-live	Estimated June 2019

Table 1: DMA Project Milestones

EES Phase 2 Project Milestones	Target Completion
Design Phase	Completed
Implementation of Master Client Index (MCI)	April 2018
Development Phase	May 2018
Testing Phase	December 2018
Training	January 2019
Go-live	February 2019

Table 2: EES Phase 2 Project Milestones

Due to the delay in the CBS project, all project milestones are currently To Be Determined (TBD). When an implementation and certification solution is identified, project milestone estimates will be revisited.

[Associated Activities](#)

In addition to the specific projects that are underway as part of the MMIS Replacement, MLTC is required by CMS to participate in the following activities. The status for each of these activities is described below.

[Independent Verification and Validation \(IV&V\)](#)

Independent verification and validation (IV&V) is a process employed by a third party for evaluating the accuracy and quality of a project throughout the project duration. For major information technology system projects receiving 90% enhanced federal match funding, CMS requires that states contract with an IV&V vendor to perform these services and report progress to CMS.

MLTC is contracted with First Data Government Solutions, LP, as the IV&V vendor. First Data is currently engaged with the DMA and EES projects. First Data will also provide IV&V services for CBS when the project gets underway.

As an ongoing contract requirement, the IV&V vendor submits monthly progress reports to both CMS and MLTC concurrently for DMA and EES. These reports communicate IV&V activities, observations, identified risks, issues and critical incidents pertinent to the assessment of project health.

First Data is participating in the preparation for DMA certification by reviewing required artifacts and evaluating the Certification Requirement Checklists in preparation for the Project Initiation Milestone Review (PIMR). First Data is working with MLTC to provide CMS insight, best practices and recommendations for a successful DMA certification.

First Data is also developing a PIMR Progress Report for submission to CMS as part of the milestone review. The PIMR progress report provides CMS with an IV&V perspective of the overall health of the project prior to the beginning of the project development phase. This includes any perceived risks and associated mitigation plans as well as recommendations for improvement.

[MMIS Certification](#)

The MMIS certification process is governed by CMS and defined by the Medicaid Enterprise Certification Lifecycle (MECL). The MECL is a step-by-step, multi-phased process developed by CMS to facilitate the development of key project artifacts and the review of required system functionality. CMS released the Medicaid Enterprise Certification Lifecycle (MECL) in April of 2016, along with a Medicaid Enterprise Certification Toolkit (MECT). An updated version of the MECT was released in July of 2017. MLTC is utilizing the updated MECT (version 2.2) for all MMIS projects requiring certification.

MLTC continues to work with CMS to fully comply and adapt to the MECT. Projects that were procured prior to the release of the MECT are being retrofitted into the MECT process. CMS is working with MLTC to determine what step of the certification process is the appropriate starting point for each project already underway. For those projects not yet started, MLTC is adapting to the MECT requirements by including updated certification requirements all in RFP's where certification is required.

CMS designed the certification process to accommodate a complete MMIS replacement or a modular MMIS replacement plan. A complete MMIS replacement certification encompasses all facets of the Medicaid system so that the entire enterprise is certified at once. A modular certification process requires each module to be certified individually with a follow up certification review of the entire enterprise after all modules have been implemented. CMS expects states to address all certification requirements either through a complete MMIS replacement or as components of a modular plan. Nebraska is following a modular approach to MMIS replacement and therefore is working to certify each MMIS project with plans to be certified at an enterprise level at the completion of all projects.

[Medicaid Eligibility and Enrollment Lifecycle \(MEELC\)](#)

In August of 2017, CMS released the Medicaid Eligibility and Enrollment Lifecycle (MEELC) and the Medicaid Eligibility and Enrollment Toolkit (MEET). The MEELC contains new requirements for state eligibility and enrollment projects. The MEET is a library of artifacts and instructions provided by CMS to help states complete all the requirements for each of the lifecycle phases. CMS has introduced the MEELC as a way to provide a consistent, detailed process to review the Medicaid eligibility and enrollment business functions and to help ensure that eligibility and enrollment systems meet all federal requirements.

The MEELC/MEET is very similar to the MMIS MECL/MECT as it pertains to the required artifacts, multiple lifecycle phases, CMS milestone reviews and the use of requirements checklists. The MEELC/MEET checklists contain approximately 200 requirements – unique eligibility and enrollment functional requirements and the same technical requirements as the MECL.

Prior to the MEELC, CMS mandated that eligibility and enrollment projects follow the Enterprise Life Cycle (ELC) process. The ELC is similar to the new MEELC process in terms of developing required artifacts and participating in milestone reviews. Like the MECT, eligibility projects already underway prior to the release of the MEELC must be aligned to the MEELC at a point agreed to by CMS. The EES project has followed the ELC throughout the development phase thus far and is now working with CMS and the vendor to transition from the ELC to the MEELC. MLTC is working with CMS to utilize all applicable artifacts and work products produced for the ELC to satisfy the requirements of the MEELC.