

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid and Long-Term Care

MMIS Replacement Planning Report

7/24/2018

LB 657 (2015)

Helping People Live Better Lives

July 24, 2018

Patrick O' Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell:

In accordance with LB 657 of 2015, please find the attached quarterly report on Medicaid Management Information System (MMIS) Replacement Planning.

If you have any questions, please contact Kris Azimi, Interim Deputy Director of Healthcare Informatics and Business Integration at Kris.Azimi@nebraska.gov.

Sincerely,

A handwritten signature in blue ink that reads "Matthew Van Patton". The signature is written in a cursive style with a long horizontal line extending to the right.

Matthew A. Van Patton, DHA, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Attachment

Project Status Summary by Component

The status for each project is described below.

Data Management and Analytics (DMA)

DHHS is currently replacing its data warehouse/decision support system with an updated data warehouse and business intelligence technology platform. DHHS contracted with Deloitte Consulting LLC to implement their HealthInteractive solution.

DMA design, development and implementation (DDI) activities are in progress and on schedule. Work track discovery and requirement validation sessions have concluded and agile developmental sprints have commenced. Deloitte project deliverables completed and approved this quarter include integrated master schedule (IMS), privacy and security plan, data governance plan and status reports. Upcoming deliverables include certification, data management, data conversion, infrastructure and architecture, and quality assurance plans.

The current data warehouse/decision support system contract with Truven Health Analytics, which is scheduled to expire September 30, 2018, has been extended to enable the continuation of day-to-day operations until Truven transitions operations from the current solution to the DMA solution.

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 test activities for Medicaid MAGI eligibility categories revealed several design gaps. In an effort to minimize project risk and provide adequate time to mitigate design gaps, go-live dates have been revised. Medicaid MAGI eligibility categories are scheduled to go live in April 2020 and Medicaid non-MAGI categories are scheduled to go live in February 2022.

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
Requirements validation	Completed
Design	December 2018
Development	March 2019
Training	March 2019
Testing	April 2019
R2 milestone review	May 2019
Go live	June 2019

Table 1: DMA Project Milestones

EES Phase 2 Project Milestones	Target Completion
Implementation of Master Client Index (MCI)	August 2018
Complete MAGI system development/system test, enter MAGI user acceptance test (UAT)	December 2019
MAGI go live	April 2020
Complete Non-MAGI development/system test, enter Non-MAGI UAT	November 2021
Non-MAGI go live	February 2022

Table 2: EES Phase 2 Project Milestones

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. IV&V vendors also play an integral role in CMS certification activities by acting as an extension of CMS for review of certification requirements and deliverables.

MLTC is contracted with First Data Government Solutions, LP, as the IV&V vendor. First Data is engaged with the DMA and EES projects at this time. As additional MMIS projects begin, MLTC will engage with an IV&V vendor for those projects as well.

First Data continues to submit monthly progress reports to CMS and MLTC for both DMA and EES. These reports communicate IV&V activities, observations, identified risks, issues and critical incidents pertinent to the assessment of project health.

Additional progress reports are required by the IV&V vendor in compliance with the CMS certification and eligibility approval processes. First Data provided a progress report to CMS in conjunction with DMA PIMR and will provide quarterly progress reports throughout the project. Progress reports are also required in preparation for the CMS operational milestone review as well as the certification final review.

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.

The Nebraska MMIS replacement solution is modular, which means that multiple systems will be implemented to fully accommodate the state's MMIS needs. As MLTC initiates the procurement of additional MMIS modules, each project will follow the MECL from inception through implementation and then require formal CMS certification. Each module is individually certified to assure compliance with applicable CMS certification criteria. CMS also requires states to conduct certification at an enterprise level to ensure that all CMS criteria are addressed by the completion of the modular MMIS replacement.

CMS has indicated that they expect to release MECT version 2.3 in August of this year. MLTC will evaluate the impact of the updated MECL and work with CMS to adjust projects accordingly.

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 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 is designed to begin at the inception of Medicaid eligibility and enrollment projects, however, the EES project was well underway when CMS released the MEELC. CMS does not expect states to backtrack to the beginning of the lifecycle for projects that are well past the initiation and planning phase. MLTC worked with CMS to determine that the appropriate entry point for EES was the requirements, design and development Phase. MLTC continues to adhere to the MEELC for the EES project and is working to adjust the process to accommodate the revised schedule.