

**NEBRASKA**

Good Life. Great Mission.

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DEPT. OF HEALTH AND HUMAN SERVICES

# **Division of Medicaid and Long-Term Care**

## **MMIS Replacement Planning Report**

**April 30, 2021**

LB 657 (2015)

# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

April 30, 2021

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.

Please contact my office with any questions at [Kevin.Bagley@Nebraska.gov](mailto:Kevin.Bagley@Nebraska.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Bagley".

Kevin Bagley, Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

Attachment

## Project Status Summary by Component

### Data Management and Analytics (DMA)

This quarter, the following deliverables were completed and approved:

- Defect Release Notes, which contain notes outlining the system changes made to correct defects.
- System Readiness Test Results, which document results of system readiness testing.
- Operational Readiness Report, which captures the operational readiness tasks and their associated status.
- Operations Release 1, which contains notes for updates made during this release.
- Quarterly Deliverable Updates made to the Change Management Plan, Operations Project Management Plan, and the Certification Plan, all of which were submitted in January 2021.

The following deliverables are pending review and approval:

- Quarterly Deliverable Updates for the Change Management Plan, Operations Project Management Plan, and the Certification Plan, all of which were submitted in April 2021.

Design and development activities are under way for items to be included in Operations Release 2, which is scheduled for implementation in June 2021.

The Organizational Change Management team is drafting a 6-month post go-live pulse survey to gauge HealthInteractive (HIA) user adoption.

Regular communications continue to be circulated to HIA users to notify them of data refreshes, system outages, and issue resolution

DHHS is actively engaged in the Streamlined Modular Certification process and on track for a late summer final certification review event with CMS.

### Electronic Visit Verification (EVV)

EVV Project Milestones:	Target Completion
Design / Development / Implementation	Active – December 2020
User Acceptance Testing	July 30 – November 5, 2020
Provider Training	September 8 - Ongoing
R2 Certification	October 8, 2020
Provider Registration	November 29 - Ongoing
Go Live – Early Adopters	December 13, 2020
Go Live – Everyone	January 3, 2021
Paper Claim Billing Turned Off	January 31, 2020

This quarter, the EVV project officially went live. Early adopter providers began using the system on December 13, 2020, and all remaining providers started on January 3, 2021. On January 31, 2021, DHHS

turned off the paper claim billing forms for all providers, thus requiring them to use EVV if they wanted to continue receiving payment for services that require the use of an EVV platform.

Provider registration officially started November 29, 2020, and continues until all providers are registered. At the end of this quarter there were over 3,200 providers registered to use the EVV platform and less than 500 providers remaining who provide EVV services who have yet to register for the platform. We continue working with providers who are not registered at this time but plan to use EVV in the future.

DHHS received its first claims submission through the EVV system on December 22, 2020, and continues to receive claims from the EVV platform on a weekly basis. At the end of this quarter over \$30 million has been processed electronically for claims received through the EVV platform.

With EVV now in operational mode, the focus for the next quarter and beyond will be to work on defect resolution for issues found during use of the system and to begin planning for system enhancements that were unable to be implemented before going live.