

Medicaid Management Information System Upgrade

FY2019 Request: \$4,692,000
Reference No: 41501

AP/AL: Allocation

Project Type: Information Systems

Category: Health/Human Services

Location: Statewide

House District: Statewide (HD 1-40)

Impact House District: Statewide (HD 1-40)

Contact: Michael Frawley

Estimated Project Dates: 07/01/2018 - 06/30/2023

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Appropriation: Statewide Information Technology Projects

Brief Summary and Statement of Need:

The current Medicaid Management Information System (MMIS) went live on October 1, 2013, without a decision support system in place. Xerox, the vendor, built a data warehouse but did not complete a decision support system. Decision support systems are used for population health and hot spotting for specific health conditions. The decision support system will support analysis of the progress being made on various Medicaid reform efforts. This is a data analytics tool to determine usage by recipient, and provide report cards for providers and recipients. Better data analytics will improve Medicaid reform initiative evaluations and cost containment efforts.

Funding:	<u>FY2019</u>	<u>FY2020</u>	<u>FY2021</u>	<u>FY2022</u>	<u>FY2023</u>	<u>FY2024</u>	<u>Total</u>
1002 Fed Rcpts	\$4,140,000						\$4,140,000
1003 G/F Match	\$552,000						\$552,000
Total:	\$4,692,000	\$0	\$0	\$0	\$0	\$0	\$4,692,000

<input checked="" type="checkbox"/> State Match Required	<input type="checkbox"/> One-Time Project	<input type="checkbox"/> Phased - new	<input checked="" type="checkbox"/> Phased - underway	<input type="checkbox"/> On-Going
20% = Minimum State Match % Required		<input type="checkbox"/> Amendment	<input type="checkbox"/> Mental Health Bill	

Operating & Maintenance Costs:

	<u>Amount</u>	<u>Staff</u>
Project Development:	0	0
Ongoing Operating:	0	0
One-Time Startup:	0	0
Totals:	0	0

Prior Funding History / Additional Information:

Sec1 Ch5 SLA2011 P85 L25 SB46 \$3,283,800
 Sec1 Ch43 SLA2010 P2 L25 SB230 \$14,990,300
 Sec4 Ch30 SLA2007 P95 L18 SB53 \$12,040,900
 Sec1 Ch82 SLA2006 P73 L24 SB231 \$17,911,600
 Sec1 Ch135 SLA2000 P14 L25 SB192 \$24,622,752

Project Description/Justification:

The current Medicaid Management Information System (MMIS) went live on October 1, 2013, without a decision support system in place. Xerox, the vendor, built a data warehouse but did not complete a decision support system. Decision support systems are used for population health and hot spotting for specific health conditions. The decision support system will support analysis of the progress being made on various Medicaid reform efforts. This is a data analytics tool to determine usage by recipient,

and provide report cards for providers and recipients. Data collected will be analyzed to determine prescriber habits as well as the number of Medicaid recipients that each provider is seeing.

Medicaid Information Technology Architecture (MITA) 3.0

Over the past few years, several State initiatives and Centers for Medicare & Medicaid Services (CMS) directives have changed the landscape of the Medicaid Enterprise. The Medicaid Information Technology Architecture (MITA) Framework incorporates updates and new guidance from the following:

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- International Classification of Diseases (ICD-10)
- Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009
- American Recovery and Reinvestment Act (ARRA) of 2009
- Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009
- Plain Writing Act of 2010
- Patient Protection and Affordable Care Act of 2010
- President's Council of Advisors on Science and Technology (PCAST) Report on Health IT
- Medicaid Program; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities
- Enhanced Funding Requirements: Seven Conditions and Standards (a.k.a. Seven Standards and Conditions)
- Guidance for Exchange and Medicaid Information Technology (IT) Systems (a.k.a. IT Guidance)
- The MITA 3.0 describes the common needs and goals of individual State Medicaid Enterprises and presents a collective vision of the future Medicaid Enterprise.

What is the purpose of the project?

The purpose of the assessment is to:

- Establish a generic business framework for all States while recognizing their differences.
- Describe how each state Medicaid Program can mature over a given period with the help of stakeholders, leadership, enabling legislation, and technology.
- Provide a baseline against which States can assess their current state of business capabilities and measure progress toward improved capabilities.

Is this a new systems development project? Or, an upgrade or enhancement to existing department capabilities?

It is a data analytics tool that will not only allow us to determine the usage by recipient, but will also provide report cards for providers and recipients.

Specifically, what hardware, software, consulting services, or other items will be purchased with this funding? Include a line item breakdown.

Vendor will write a Request for Proposal (RFP), then will go to competitive bid. The MITA 3.0 will do this process in 1/10th the time of the State. Vendor will have propriety software.

How will service to the public be measurably improved if this project is funded?

From the information provided, we will be able to tell prescriber habits as well as the number of Medicaid recipients that each provider is seeing. With more targeted data analytics we will be able to

determine which Medicaid Reform activities are successful much quicker. It will also provide a basis for other Medicaid Reform initiatives.

Will the project affect the way in which other public agencies conduct their business?

The MITA 3.0 process can be used for other systems within the Department.

What are the potential out-year cost implications if this project is approved? (Bandwidth requirements, etc.)

Other divisions may use this for their system assessments and in the future as we adopt the modular system required by CMS.

What will happen if the project is not approved?

The U.S. Department of Health and Human Services (HHS) may stop funding the Department an estimated \$32 million dollars annually.