

# The Platform

Quarter Four, 2019



## “DRAWing” on our Past to Shape the Future for the Medical Assistance Program

In last quarter’s newsletter, we shared that KPMG was selected by the Department of Human Services (DHS) to provide Information Technology Consulting/Quality Assurance (ITC/QA) services for the Medicaid Management Information System (MMIS) 2020 Platform Project. One of the key activities for the ITC/QA contractor is gathering module requirements from each functional area. Before that work can be done, each area needs to agree on its high-level business processes. That’s where “DRAW” sessions come in.

### Why we like to DRAW

Discover Requirements and Analysis Workshops, or DRAWs, are designed to be high-level business requirements gathering sessions for the interconnected operational processes and modules of the new MMIS 2020 Platform.

**DRAW sessions serve four key purposes:** 1) to create high-level process flows to be used as a starting point for upcoming requirements validation workshops, 2) to provide an opportunity to have discussions and gain consensus on requirements before the module contractors join the project, 3) to include workshop outcomes in module Request for Proposals (RFPs), and 4) to confirm that each PA Medicaid process flow aligns to the Centers for Medicare & Medicaid Services (CMS) Medicaid Enterprise Certification Toolkit critical success factors (MECT CSFs).



### The Art of the DRAW

Taking part in DRAW sessions are DHS subject matter experts from each functional area. Participants from each of the program areas represent an essential cross-functional mix that is critical in defining a business process broad enough to accommodate their various program needs.

July and through August, KPMG and functional area subject matter experts have participated in DRAW sessions for Prior Authorization, Outbound Mail, Fee-for-Service, and Financial. The remaining workshops for this quarter include Program Integrity Management System (PIMS), Third-Party Liability (TPL), Outpatient Drug, Electronic Data Interchange (EDI), Managed Care Administration, Provider Management, and the Tier 1 Technical Support Center.

### A Lever for Change

Beyond the newly defined processes and technologies of the MMIS 2020 Platform are the people. It’s DHS’ people that will make this a successful transformation, as everyone adapts to new ways of working. The DRAW sessions are a critical early step in this change process; the sessions have already illustrated how many participants came into each session with one mindset and left with another point of view.

**THE FUTURE REALLY IS NOW!**

Deputy Secretary Sally Kozak

## Upcoming Events:

Look for announcements of the EDI and the SI/DH Kickoff meetings.

## MMIS 2020 Platform RFP Releases

Since the third quarter 2019 edition of The Platform was issued, the RFPs listed below are in various stages of procurement or pre-release status.

- **Electronic Data Interchange (EDI):** Contract is in the approval process
- **System Integrator / Data Hub (SI/DH):** Contract is under review
- **Outpatient Drug (OPD):** RFP was cancelled. Reassessing scope
- **Multi-Lot RFP: Managed Care Administration (MCA), Financial (FIN), Fee-for-Service (FFS):** Targeting December for RFP release
- **Multi-Lot RFP: Prior Authorization (PA) and Outbound Mail (OBM):** RFP responses are due November 6, 2019
- **Multi-Lot RFP: Third Party Liability (TPL) and Program Integrity Management Services (PIMS):** Targeting RFP release first quarter 2020
- **Provider Management (PM):** Demonstrations are being conducted

Questions about the MMIS 2020 Platform related procurements?

Contact the

[DHS Procurement Office.](#)

This year's Medicaid Enterprise Systems Conference (MESC) was held in Chicago from August 19<sup>th</sup> through the 22<sup>nd</sup>. CMS opened the conference by discussing their strategic initiatives, which includes stewardship – monitoring the effectiveness of the spend; the charge to spend more time planning and less time implementing; asking humans (they are the stakeholders of outcomes); and when we get better, everything we care about gets better.

CMS remains focused on transforming the Medicaid interaction by supporting flexibility through innovative demonstrations, enhancing accountability through data transparency [as evidenced by Transformed Medicaid Statistical Information System (T-MSIS) data], strengthening fiscal and programmatic integration, and improving business processes and reducing the administrative burden.

There were many other topics of discussion but the two in the forefront were Outcomes Based Certifications and Social Determinants of Health.

With over 700 checklist items, CMS recognizes the investment required to complete a traditional certification process. Due to the intensive level of effort required, CMS is now working to shift to an outcomes-based certification. For example, a state may have a goal to reduce opioid dependency by 15% each year for 5 years. An MMIS module or enhancement to an existing MMIS, whose functionality contributes to such an outcome (reduction in opioid dependency), could be eligible for consideration for outcomes-based certification.

The first step would be to identify outcomes that are attainable and come to an agreement with the state and CMS. When trying to identify potential outcomes, CMS encourages states to start with their Governor's or Health and Human Services department head's priorities. Other sources may include Section 1115 Research and Demonstration waivers, which offer flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP services, and State Plan Amendments.

To emphasize the need for outcomes, the opening plenary was highlighted by an interactive session with John Doerr, venture capitalist and author of the book *Measure What Matters*. In his book, John outlines case studies of organizations that have incorporated the principals of Objectives and Key Results (OKRs). In the OKR model, objectives define what we seek to achieve and key results are how those goals will be attained.



To determine success, an organization would ask the question, "What do we seek to achieve, and what are the key results 'as measured by'?" For example, a state may want to reduce opioid dependency by 15% (Objective), as demonstrated by a reduction in Emergency Room presentations for opioid overdoses (key results), as measured by T-MSIS data. Everyone was energized by the discussion and those in attendance received a free copy of John's book!

Another topic gaining traction is Social Determinants of Health (SDOH). Over 80% of a person's health is impacted by SDOH, which covers the gamut of food insecurity, employment insecurity, transportation insecurity, and numerous other stressors that contribute to a person's overall health. CMS is eager to partner with states who see improvements to SDOH as a potential outcome.

One of the challenges to improving SDOH is leveraging available tools to connect information and resources to beneficiaries - interoperability. Several initiatives seeking to solve the interoperability challenge include Substitutable Medical Apps, Reusable Technology (SMART); Fast Healthcare Interoperability Resources (FHIR); the CARIN Alliance; the Da Vinci Project; and Blue Button. Outcomes are improved when individuals and payers can communicate and collaborate.

As you can imagine, outcomes and health improvements are being driven by data ("as measured by"). Increasingly, CMS is placing more emphasis on T-MSIS data and is focusing on currency and missingness, as well as. Using predictive analytics (analysis of current and historical facts) and prescriptive analytics, to find the best course of action for a given situation.

Outcomes based metrics must be timely, accurate, complete, maintain program integrity, and improve customer service.

Although outcomes are the future of MMIS certification and the measure of Medicaid success, don't look for the checklists to be abandoned completely. States who want to pursue outcome-based certifications will have to work with CMS, through their State Officer, to develop mutually agreeable outcomes and metrics. Examples include Puerto Rico, who built outcomes into their RFPs [e.g., before a claim was adjudicated, did a visit occur in the aggregator? (Key Performance Indicator)] and Ohio, who piloted their Electronic Visit Verification (EVV) project using outcome-based certifications. The MMIS 2020 Platform Project Team will be collaborating with the Executive Steering Committee to determine the best course of outcome (pun intended) for Pennsylvania's certification.

# Building Our TACO



DHS is anticipating the onboarding of two key contractors for the MMIS 2020 Platform in January 2020, the SI/DH and the EDI Module. Once these two contractors begin, the serious business of building the MMIS 2020 Platform, as well as our TACO, which was introduced in our last newsletter, begins. TACO stands for Timely, Accurate, Complete, and Outcomes.

Some of the key SI/DH business objectives include:

- o Establish framework for the MMIS 2020 Platform.
- o Develop and maintain, a Master Integration Plan for all MMIS 2020 Platform contractors, in cooperation with the ITC/QA contractor.
- o Provide system integration of the MMIS 2020 Platform components, data conversation, and other systems within the Platform.
- o Lead the migration, conversion, and mapping of data from legacy systems to the MMIS 2020 Platform.
- o Design, develop, implement, and maintain an Enterprise Service Bus (ESB), as the web services orchestrator across the MMIS 2020 Platform to exchange data across modules.
- o Design, develop, implement, and maintain an Operational Data Store (ODS) as a repository for transactional data, supporting the sharing of data and the synchronization of data shared across the Platform.
- o Design, develop, implement, and maintain common portal services as the central landing page to access the MMIS 2020 Platform functionality.
- o Design, develop, implement, and maintain a Customer Relationship Management (CRM) solution, supported by the ODS, as a central repository for all stake holder's contacts.
- o Design, develop, implement, and maintain a job scheduler that coordinates the automation and execution of recurring system batch functionality.
- o Design, develop, implement, and maintain a report generator that gathers data elements from modules and combines into a single report.
- o Design, develop, implement, and maintain an Eligibility Verification System (EVS) to respond to requests from the Common Portal and EDI module.
- o Design, develop, implement, and host an artifact library and knowledge base to house all system documentation.



SI/DH is the shell of our TACO as it serves a critical role in supporting and holding all the modules of the MMIS 2020 Platform together.

Some of the key EDI Module business objectives include:

- o Conduct batch and real-time transactions to send and receive all current version Health Insurance Portability Accountability Act (HIPAA) transactions.
- o Provide connectivity with Authorized Trading Partners, including professional health care providers, hospitals, pharmacies, MCOs with Commonwealth agreements, and Value-Added Networks (VANs), to send and receive all HIPAA transactions.
- o Route transactional data to the SI/DH system for use by other MMIS 2020 Platform Modules requiring EDI transactional data.
- o Conduct and facilitate the DHS' Authorized Trading Partner's enrollment, testing, and certification processes, including existing Authorized Trading Partners and future Authorized Trading Partners.
- o Prepare and maintain a HIPAA Companion Guide for Authorized Trading Partners and the DHS.



In our TACO, EDI represents the spicy sliced jalapenos. The EDI Module 'slices' the files into usable records for the rest of the Platform.

## Notes from our Summer Intern

This past summer, we were lucky to have a Pennsylvania State University student join us as an intern. Julia's internship lasted nine weeks and we hope she learned a lot while helping us on the MMIS 2020 Platform Project.

The MMIS 2020 Platform Project is a large and complex project that involves strategic coordination, immense amounts of team work, and dedicated staff. As a newcomer to this project, it was overwhelming. I had a lot to learn in a short amount of time. My first day was filled with meetings and acronyms that I did not understand. Over time, not only did I begin to comprehend the MMIS 2020 Platform Project jargon (trust me it is its own language), but I came to understand the magnitude of the project and individuals that will be positively impacted.

During my internship, I learned the goal with the modular system design will allow for modules to be easily exchanged when a change is needed. By eliminating the need for the system to be redesigned, and, needing only the redesign of a specific module, changes can be smoothly integrated onto the existing platform, leading to a more efficient use of staff time and less interruptions to users. I also learned a goal of the new platform is to increase electronic functionality, such as the use of electronic signatures (e-signatures). Changing to the use of e-signatures should lead to more efficient use of staff time. While my internship ends before the MMIS 2020 Platform is implemented, I plan to check-in with the project team to see how the project progresses.

~ Julia Haas, Project Summer Intern