NH MMIS
Health Enterprise

Implementation and
Lessons Learned

MESC

September 9, 2013

Agenda

- NH Program and Project Overview
- Project Major Milestones
- Most Frequently Asked Questions - FAQs
- Lessons Applied and Learned
- Questions

New Hampshire Medicaid Program Overview

- Department of Health and Human Services
- 130,000 Recipients/members
- 15,000 Providers
- Annual Benefits $1.6 Billion
- Implementing Care Management in 2013
- Department of Information Technology

MMIS Re-Procurement
Key Project Roles and Responsibilities

- NH State DDI Project Team
- DHHS Commissioner and CIO - Sponsors
- Xerox – DDI Vendor and Fiscal Agent
- Cognosante – Quality Assurance
- HPES – Incumbent MMIS and FA
- CMS – Federal Partner
- DHHS - Medicaid Program – Business/SMEs
- Major Data Interfacing Partners:
  - New HEIGHTS – NH Integrated Eligibility - Deloitte
  - NH First – State Financial System - Lawson
  - Pharmacy Benefit Management – Magellan
  - Options- Long Term Care waivers – NH DOIT

Project Scope

- Re-write and enhance the member eligibility data interface

- Replace the legacy MMIS

- Re-integrate EMAR and ESUR into MMIS

- Convert data from a number of state systems

- Phase-down legacy system and cut-over to new MMIS

- Multiple new data interfaces, including new interface to State financial system
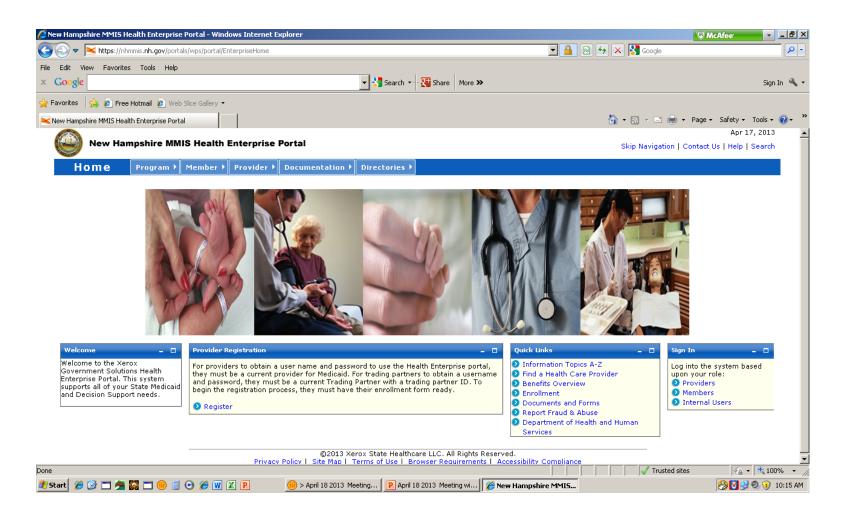
- Transition fiscal agent operations

NH Project Major Milestones

Major Milestone Event	Date
Onset of NH DDI	January 2006
Provider Re-enrollment Go-Live	December 17, 2011
Provider Plus Go-Live	January 2013
MMIS Cut-Over initiated	March 15, 2013
MMIS Implementation Go-Live	March 31, 2013

NH's Health Enterprise in Production:

Top FAQs

" Why did NH's DDI last so long?"
" Why did you stick with it?"

Persistence and Perseverance

- Commitment – To solution delivery that would not fail

- Shared Vision – Teams aligned but independent

- Potential – Detailed understanding of its capabilities

- Investment – Massive dedication of state staff time

- Opportunity – To further refine processes

- Encouragement – CMS' guidance to stay the course

- Continuity – Matured and reliable legacy systems

- Promise – Its configurability and overall ability to support the NH Medicaid Program

Lessons Applied and Learned

The Project Team - Staffing

- Dedicated State DDI Project Team

- Managers, Business Systems Analysts, Developers

- Co-located with DDI Vendor at Project Site

- Engaged from RFP through to Certification

- Consistency and continuity of State project team presence during all project phases

- Assigned as functional leads across MMIS functions

- Go-to contacts for all Medicaid Program and Business staff involved from start of project

- Engaged business partners and sought answers

Executive Sponsorship

- DHHS Commissioner established and maintained MMIS project as the highest priority

- Commissioner was engaged; met with State project team and collective State/Contractor teams

- Commissioner enforced resolution of escalated issues at the project leadership level where the detailed understanding of implications resided

- Commissioner championed the merits of the transition to the new MMIS to external stakeholders

- Commissioner is the NH Project's voice to the NH Governor, legislators, state and contractor senior executive management, and the media

Strong and Flexible Vendor Contracts

- Incumbent MMIS/FA vendor contract included separate hours for system transition assistance

  - Formal request and delivery process enforced

  - Supported research and analysis into code and data

  - Contracted deliverables to preserve history of legacy MMIS

  - Conversion of Imaged data and historical reports

- DDI Vendor Contract

  - Deliverable based payments

  - Payment provisions for schedule delays

- QA Vendor Contract

  - Broad scope of work and deliverable based payments

Pre-DDI Business Rules Analysis

- State completed comprehensive business rules analysis and documentation prior to onset of DDI

  - Helped State Business Staff gather artifacts, documented references, formally enforced rules/regulations/policies supported by MMIS

  - Allowed for cross-program collaborative group review of policies and decisions for similar issues

  - Provided exposure of the level of preparedness that they would need to have for MMIS requirement review

  - Improved effectiveness and efficiency of design process as policy documentation readily accessible to design participants

Data Conversion

- State team played leadership role in data conversion- State team needs to apply business knowledge to data

- NH Required access to all databases for data validation

- Gave data early; Executed and re-executed data conversion routines

- Tested with converted data and ensured that processes would work with converted and new day data

- Augmented data conversion with data set-up to fill gaps – needed to look back and forward – ensuring that data was set-up to cover processing dates of service in the past and the future, new transactions and adjustments of historical transactions

- Converted historical legacy images and reports

Software Delivery Approach

- Three Phase Implementation

    - Provider Enrollment – December 17, 2011

        - Provider Re-enrollment and contact management

        - Letters and Report Generation

    - Provider Plus – January 5, 2012

        - Additional data and functionality needed for providers and FAS to be ready for claims processing on day one MMIS go live

    - Full MMIS – March 31, 2013 (Easter Sunday)

        - All major processes validated and ready to execute

- Each phase allowed for "dry runs" of data conversion and cutover task execution

Systems Integration Testing

- State owned its SIT and engaged early on

    - Allowed early visibility into state of application

    - Deepened State understanding and proficiency in use of new MMIS

- Dedicated State SIT environment

- Comprehensive State SIT test scripts

- State utilized converted production data for SIT

    - Allowed for refinement of data and practiced execution

- Intensive State management of defects, change requests, and issue resolution

    - State documented, validated, and closed its defects

Systems Integration Testing

- State created true End-to-End test scenarios

  - Enforced developing knowledge of dependencies/ hand-offs between functional areas

  - Allowed for early insight into production issues – job scheduling, cycle execution, inputs/outputs

- Exchanged data files with interfacing partners

- NH SIT involved execution across multiple environments for NH, Xerox, development, and this presented its own set of challenges

User Acceptance Testing (UAT)

- Provided for true User Acceptance test facility

- UAT occurred in the "to be" production environment

    - Executed data conversion as for production

    - Allowed for actual experience of system performance

    - Verified successful integration of all system components

    - Had to give up UAT environment early for Cut-Over to go live

- Supported DHHS business users' ability to execute and validate real everyday operational processes

- Allowed business users to identify defects, concerns or last minute changes and to gain exposure

- State DDI team supported business users in UAT

Phase-down of legacy MMIS

- Deliberate and formal transition plan
- Forecasted activity schedule to providers and other stakeholders in advance
  - Last days for executing specific processes
  - Black-out periods
- Initiated Transition Payments to cover gaps
- Coordinated with interfacing partners for final executions of data interfaces
- Final payment cycle and data conversion
- Providers interacting with 2 fiscal agents

Claims Payment Contingencies

- NH offered transition payments during phase down of legacy system to assist with provider cash flow during "black out" periods

- NH offered contingency payments after Go Live for providers who experienced delays in their billing or payment

- Payments based on analysis of providers' billing and payment history in prior year

- Formal request process was initiated

- Payment recovery is flexible and on going

Provider Enrollment

- Provider Re-enrollment released on December 17, 2011
    - All NH Medicaid providers required to re-enroll before MMIS Go-Live
    - Acquire most current data and fill new information requirements
    - Designed complex technical processes to link historical and new applications to allow for uninterrupted processing of claims
- Provider Plus implemented in January 2012
    - Additional functionality to ready providers for MMIS Go-live
- Many providers re-enrolled, but many procrastinated
- Extensive provider outreach and communication in months leading to go live to encourage re-enrollment and to explain consequences of not being enrolled on day one
- To date Number of Providers now enrolled is over 15,000, exceeding the number of enrolled providers under legacy MMIS
- MMIS Provider Re-enrollment was occurring at the same time that NH Managed Care Organizations began their outreach to NH Medicaid providers for enrollment in their networks

EDI and Trading Partner Testing

- Early engagement, enrollment and testing with EDI Trading Partners was essential

- Different transaction testing requirements and companion guide changes for new MMIS EDI processing

- Some trading partners delayed enrollment and testing until close to Go Live

- Association of providers to trading partners and trading partners to providers was not always clarified or consistently reported between trading partners and providers during enrollment.

- Testing of EDI is challenging because of its complexities, testing with trading partners is very time consuming

- Trading partners realized in testing that they would need to implement changes to conform to v5010 standards

- End to end testing with a number of major trading partners for all transactions is best practice

Interface Partner Testing and Cut-over

- Early and often communication with interface partners is very important

- Prioritize and understand dependencies of interfaces

- Their systems can change independent of MMIS, their priorities may not be aligned with MMIS, and they have other concerns such as code release schedules

- Much communication, cooperation, and adaptation was required to keep designs/testing moving forward

- Need to align test data requirements, refresh data to support end to end testing between systems over time

- Interface partners may have different test scripts, file requirements and submission timeframes which add challenge to the process.

Fiscal Agent Operations Readiness

- Not all MMIS' are the same – staff need to be engaged early to understand new system

- Any workarounds were assessed for impact to processing integrity and manual operations – all workarounds and steps were documented

- Intense build up for provider re-enrollment but support to help providers understand new MMIS, to be ready to submit their claims and to understand their payment is essential

- Intense ramp-up of operations at go-live

Organizational Readiness

- Provide overview of most significant differences

- Explain historical converted data vs. new day data

- Summarize key data conversion transformation rules

- Provide training on system features, key operational processes, new functionality

- Provide forums to develop familiarity with new reporting tools and to reinforce good practices for writing queries and producing adhoc reports

- Prepare for the unknown

Cut-Over and Implementation

- Established detailed cutover plan for system, internal operations and external entities

- Detailed tasks covered data conversion, data set-up, code deployment, batch cycle execution, interfaces, ops

- Actual cut-over activity practiced end to end multiple times in advance – knew timing, resolved issues early on

- DDI, fiscal agent operation, and State project teams assumed responsibilities throughout cutover

- Validated final data conversion; State team executed real business transactions to validate readiness

- 3 days of production activity executed, validated, issues resolved prior to externally exposing system at Go-live

- Excellent communication, cooperation and collaboration between contractor, State Project, and external teams

CMS Support and Communication

- Strong supportive relationship with CMS; CMS involvement included CMS staff from Boston, CMS Central Office, and other CMS regions

- Regular transparent communication – onsite in NH and by conference call; bi-weekly to weekly

- NH Project Managers presented details on state of application based on testing, on provider re-enrollment status, and operational readiness

- Project and executive leadership from DHHS, Xerox and Cognosante participated

- CMS reinforced need to deliver a reliable solution that could be certified and emphasized ensuring readiness of providers and beneficiaries

Questions

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