

Appendix 1 Submitted with RAI Response NH SPA 12-006

**Medicaid Care Management
System Integration
Project Plan**

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Purpose of Document

This project plan covers the Medicaid Care Management - System Integration (MCM-SI) piece of the New Hampshire Department of Health and Human Services (DHHS) Medicaid Care Management (MCM) implementation. The project plan will document the details of the implementation.

1.0 Project Purpose

This project encompasses the system integration piece of the MCM implementation. It includes all the interfaces between the State systems and the three managed care organizations (MCOs).

2.0 Background

Medicaid care management is scheduled to be implemented on January 1, 2013 with open enrollment beginning on November 1, 2012. Since DHHS is in the midst of a Medicaid Management Information System (MMIS) implementation, the department made the decision to modify both the current Hewlett Packard (HP) MMIS and the future ACS/Xerox MMIS to accommodate managed care.

HP MMIS – Within the framework of the current HP contract, modification hours will be used to make minor updates to the current system (NH AIM) to be ready "not to pay" managed care claims and only pay fee for service claims beginning on January 1, 2012. Existing third party liability functionality will be leveraged.

ACS/Xerox MMIS - Managed care related changes will be incorporated into the new MMIS in a phased approach to make the MMIS minimally ready for managed care at go-live. The strategy will be to ensure the system is ready at go-live to handle eligibility, claims processing changes and be positioned for capitation. The remainder of the functionality would be phased in after go-live, i.e., capitation processing, ongoing service authorizations, weekly claims history, encounters, etc.

The strategy is for DHHS to go-live with MCM using the HP MMIS and transition to the ACS/Xerox MMIS when it goes live. The interfaces with the MCOs will be phased in while leveraging already existing interfaces.

Phased System Integration Implementation:

- Phase 1 – Permanent interface for the 1/1/13 Go-Live
- Phase 1-Stop Gap – Temporary interface for 1/1/13
- Phase 2 – ACS/Xerox MMIS Go-Live
- Phase 3 – After ACS/Xerox MMIS Go-Live

The Medicaid Care Management Systems Framework diagram, exhibit 1, outlines the functions and planned interfaces. Capitation, kick payments and pharmacy lock-in will be handled manually for phase 1. Exhibit 2 lists all the planned interfaces and their phase of implementation.

MCM-SI Project Plan

Exhibit 2, MCM System Interfaces

#	Phase	Prod Start Date	Interface	From	To	Status	Type	Frequency
1	1 - Stop Gap	2/1/13	Claims Inbound – MCO Encounter Data	MCO	EDW	New	837	Weekly
2	1 - Stop Gap	11/1/12	Claims Outbound - FFS History	HP MMIS	MCO	New	Flat File Same layout as the Schaller Disease Management Claim extract	Monthly
3	1 - Stop Gap	5/1/13	Claims Outbound - PBM Medical Claims Rebates (Medical claims J, Q & S codes)	EDW	PBM	New	Flat File same layout as Magellan	Quarterly
4	1 - Stop Gap	2/1/13	Claims Inbound – MCO PBM POS Encounters	MCO	EDW	New	Flat File same layout as Magellan	Weekly
5	1 - Stop Gap	5/1/13	Claims Outbound- MCO PBM Rebates	EDW	PBM	New	Flat File	Quarterly
6	3		Claims Inbound - Encounter Data	MCO	ACS MMIS	New	837	Monthly
7	3		Claims Outbound - FFS and Encounter History	ACS MMIS	MCO	New	837	Monthly
8	3		Claims Inbound - PBM POS Encounters	MCO	ACS MMIS	New	Flat File same layout as Magellan	Weekly
9	3		Claims Outbound - PBM POS/Medical Rebates	ACS MMIS	PBM	New	Flat File	Quarterly
10	1 - Stop Gap	11/1/12	Eligibility Outbound - MCO Enrollment	New HEIGHTS	MMIS EDI Gateway	New	Flat File	Changes Daily Full Audit File Monthly
11	1 - Stop Gap	11/1/12	Eligibility Outbound - MCO Enrollment	MMIS EDI Gateway	MCO	New	834	Changes Daily Full Audit File Monthly
12	1 - Stop Gap	11/26/12	Eligibility Outbound - MCO spans (TPL)	New HEIGHTS	HP MMIS	Modify	Flat File	Changes Daily Full Audit File Monthly
13	1 - Stop Gap	1/1/13	Eligibility Outbound - PBM	HP MMIS	PBM	Modify	Flat File	Daily
14	2		Eligibility Outbound - MCO Enrollment	New HEIGHTS	MMIS Edifecs Gateway	New	Flat File	Changes Daily Full Audit File Monthly
15	2		Eligibility Outbound - MCO Enrollment	MMIS Edifecs Gateway	MCO	New	834	Changes Daily Full Audit File Monthly
16	2	11/26/12	Eligibility Outbound - MCO Spans	New HEIGHTS	ACS MMIS	New	Flat File	Changes Daily Full Audit File Monthly

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#	Phase	Prod Start Date	Interface	From	To	Status	Type	Frequency
17	2		Eligibility Outbound - PBM	ACS MMIS	PBM	New	Flat File	Daily
18	3		Eligibility Outbound - Bridges	New HEIGHTS	Bridges	Modify	Flat File	Daily
19	3		Eligibility Inbound - Client Demographic Changes	MCO	New HEIGHTS	New	Flat File	Daily
20	3		Eligibility Inbound - PCP Selection	MCO	New HEIGHTS	New	Flat File	Weekly or Monthly
46	1 - Stop Gap	12/1/12	Lock-in PBM	PBM	MCO	Manual		
21	3		Lock-in PBM	PBM	ACS MMIS	New	Flat File	Daily
22	3		Lock-in PBM	ACS MMIS	MCO	New	Flat File	Daily
23	1 - Stop Gap	2/1/13	MC Kick Payments	DHHS	MCO	Manual		
24	3		MC Kick Payments Outbound	ACS MMIS	MCO	New	Flat File	Monthly
25	3		MC Kick Payments Inbound	MCO	ACS MMIS	New	Flat File	Monthly
26	1 - Stop Gap	2/1/13	MC Rate Cohorts/Capitation	DHHS	MCO	Manual		
27	2		MC Rate Cohorts/Capitation	ACS MMIS	MCO	New	835	Monthly
28	3		MC Rate Cohorts/Capitation	ACS MMIS	MCO	New	820	Monthly
29	1 - Stop Gap	12/1/12	Provider - MCO Auto-Assignment	OMBP	New HEIGHTS	New	Flat File	Monthly
30	1 - Stop Gap	9/1/12	Provider Inbound - MCO Network Identification	MCO	EDW	New	Flat File	Weekly Full File Replace
31	1 - Stop Gap	7/31/12	Provider Outbound - Medicaid Enrollment	HP MMIS	MCO	Existing	Flat File using the existing MDSS extract	Monthly Full File Replacement
32	2		Provider Inbound - MCO Network Identification	MCO	ACS MMIS	New	Flat File	Weekly but need to process changes
33	2		Provider Outbound - Medicaid Enrollment	ACS MMIS	MCO	New	Flat File using the modified MDSS extract	Daily Full File Replacement
34	1 - Stop Gap	12/1/12	Service Authorizations Outbound - FFS	HP MMIS	MCO	New	Flat File use the Schaller Anderson file layout	Weekly Full File Replacement?
35	1 - Stop Gap	1/1/13	Service Authorizations Inbound - MCO	MCO	EDW	New	Flat File	Weekly Full File Replacement?
36	2		Service Authorizations Outbound - FFS	ACS MMIS	MCO	New	Flat File use the Schaller Anderson file layout	Weekly Full File Replacement?
37	3		Service Authorizations Inbound - MCO	MCO	ACS MMIS	New	Flat File	Weekly Full File Replacement?
38	1 - Stop Gap	11/1/12	Service Authorizations Inbound - FFS PBM	PBM	EDW	New	Flat File use the Schaller Anderson file layout	Daily?
39	1 - Stop Gap	11/1/12	Service Authorizations Outbound -	EDW	MCO	New	Flat File use the Schaller	Daily?

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#	Phase	Prod Start Date	Interface	From	To	Status	Type	Frequency
			FFS PBM				Anderson file layout	
40	1 - Stop Gap	1/1/13	Service Authorizations Inbound - MCO PBM	MCO	EDW	New	Flat File use the Schaller Anderson file layout?	Daily?
41	1 - Stop Gap	1/1/13	Service Authorizations Outbound - MCO PBM	EDW	PBM	New	Flat File use the Schaller Anderson file layout?	Daily?
42	1 - Stop Gap	11/1/12	TPL Coverage Outbound - FFS	HP MMIS	MCO	New	Flat File using the ACS MMIS file layout	Weekly
43	1 - Stop Gap	1/1/13	TPL Coverage Inbound - FFS	MCO	EDW	New	Flat File using the ACS MMIS file layout	Weekly
44	3		TPL Coverage Outbound - FFS	ACS MMIS	MCO	New	Flat File	Weekly
45	3		TPL Coverage Inbound - FFS	MCO	ACS MMIS	New	Flat File	Weekly

3.0 Goals/Objectives

3.1 The goals of the project are to:

- Plan, test and implement the system interfaces needed to go-live with MCM on January 1, 2012.
- Plan, test and implement phase 2 interfaces with the ACS MMIS go-live.
- Plan, test and implement phase 3 interfaces on a date to be determined that will be after the ACS MMIS go-live.

3.2 The objectives of the project are to:

- Implement the outbound Medicaid provider interface by September 1, 2012.
- Implement the outbound enrollment, service authorization and third party liability interfaces by November 1, 2012.
- Implement the inbound MCO provider network interface by October 1, 2012.
- Implement the inbound service authorizations interface by January 1, 2013
- Implement the inbound encounter interface by February 1, 2013.

4.0 Scope

Implement MCM using the HP MMIS and transition to the ACS MMIS when it goes live.

4.1 In Scope

The scope of the project includes:

- Modifying the HP MMIS to accommodate managed care within the framework of the current contract utilizing modification hours.
- Modification of the ACS MMIS in a phased approach to make the MMIS minimally ready for managed care at go-live.
- Utilizing existing HP interfaces for go-live and transitioning to ACS MMIS interfaces in subsequent phases.
- Phasing in of the interfaces as defined by the State.

4.2 Out of Scope

The following items are out of scope and provided here to help clarify the scope and boundaries of the project:

- Business processes, client communications, enrollment broker functions, etc., covered under other parts of the MCM project.
- Development of new system interfaces where existing interfaces will suffice.

5.0 Stakeholders

Project stakeholders include:

- Managed Care Organizations
- Medicaid Clients and Families
- Medicaid Providers
- DHHS Staff
- Department of Information Technology Staff
- Managed Care Organizations

6.0 Issues and Constraints

6.1 Issues:

- Specific program eligibility, i.e., waiver, behavioral health – Identifying requirements and how that information can be passed in the 834 enrollment interface.
- Prior authorizations - How and what services are authorized under fee for service and how will the MCOs get that information.
- BAA/Trading Partner Agreements – Identify if any special agreements need to be signed for the exchange of client data in the interfaces.
- Claims Billing Manuals – MCOs would like information about current Medicaid provider billing instructions so they can address any differences when transitioning to MCM.

6.2 Constraints:

- January 1 Go-Live date
- Limited resource availability due to working on multiple projects.
- Limited Enterprise Data Warehouse resources
- Limited modifications to the HP MMIS
- Dependency on the go-live date for the ACS/Xerox MMIS implementation for some long term interfaces.

7.0 Assumptions

The following assumptions have been made for the project:

- MCM go-live date is January 1, 2012
- Open enrollment begins on November 1, 2012
- The MCO system interfaces will be phased in, leveraging existing interfaces.
- HP MMIS modifications will be complete and the system ready for a January 1, 2013 go-live.
- The ACS/Xerox MMIS will be ready at go-live to, at a minimum, be able to deny any MCM claims that providers submit in error and to pay the FFS claims.
- If the ACS MMIS were to go-live on January 1, 2013, the HP MMIS would not be used for MCM and care management would go-live using the ACS MMIS.

8.0 Budget

The project budget is tracked in the overall MCM project. The following items are specific to the system integration project:

Budget Item	Rationale to determine costs
HP MMIS Modifications	Up to 791 modification hours
HP MMIS Data Requirements	Currently assessing the impact
ACS MMIS Modifications	Currently assessing the impact
New HEIGHTS Interfaces	\$819,762
PBM Magellan Contract	Currently assessing the impact

9.0 Resource Requirements

The following table identifies the resources required for the project. This table summarizes the resources documented in the workplan.

9.1 Internal Resources

Internal resources include:

Name	Organization	Title
Andrew Chalsma	NH DHHS	Chief, Medicaid Healthcare Analytics
Diane Delisle	NH DOIT	MMIS IT Project Manager
Jeff Silver	NH DHHS	Enterprise Data Warehouse Project Manager
Kerri Coons	NH DHHS	MCM-SI Project Manager
Kristi Laurendeau	NH DHHS	New HEIGHTS Testing
Laurie Snow	NH DHHS	New HEIGHTS Project Manager
Lise Farrand	NH DHHS	Pharmacist
Maria Landry	NH DHHS	New HEIGHTS Analyst
Mary Kernander	NH DOIT	Bridges IT Project Manager
Mindy Cox	NH DOIT	New HEIGHTS IT Project Manager
Nita Tomaszewski	NH DHHS	HP MMIS Project Manager
Rich Regan	NH DHHS	MCM System Integration Architect
Steven Degiso	NH DHHS	Bridges Project Manager
Tashia Blanchard	NH DHHS	Third Party Liability Expert

9.2 External Resources

Resources from outside the organization/unit include:

Name	Organization	Role
Ezren Ellis	Boston Medical Center	Director of Application Development & Support
Kim Sinclair	Boston Medical Center	Systems Integration
Mark Perra	Boston Medical Center	Systems Integration
Raenell Harmsen	Boston Medical Center	Director of Analysis and Project Management
Suzanne Cassidy	Boston Medical Center	Product Implementation Director
Dessa Williams Hellige	Centene	Sr Director, IT
Glen Schuster	Centene	Chief Technology Officer
Kathleen McDaniel	Centene	Manager, IT Integration
Rob Behler	Centene	Sr Director, Enterprise Business Implementation
Shirish Limaye	Centene	Manager, IT
Bill Emmons	Meridian	Project Manager
Dave Satwicz	Meridian	Interface Developer
Dennis Burrill	Meridian	Lead Developer
Paul Ballinger	Meridian	Lead Interface Developer
Jerry Frede	ACS/Xerox	ACS Care Management Consultant
Scott Kellog	ACS/Xerox	MMIS Consultant
Scott Workman	Deloitte	New HEIGHTS Consultant
Srikumar Balasubramanian	Deloitte	New HEIGHTS Track Manager

10.0 Communications Plan Matrix

The external communications plan is not part of the MCM-SI project but handled in the overall MCM project. These activities are just for the MCM-SI project.

#	Activities	Responsibility	Audience	Method	Timeframe
1.	Collect Project Status	Team	Project Manager	MS Project, Team Status Meeting, Email, eStudio	Weekly
2.	Meeting Minutes and Issues List	Project Manager	Team	MS Project, Excel and Word documents posted in eStudio	Weekly
3.	Report Project Status	Project Manager	Executive Management	Project Status Report	Weekly

11.0 Risk Identification & Mitigation

The following risks have been identified and influenced our implementation plan. The phased system integration plan addressed and mitigated these risks.

#	Risk Event or Assumption	Impact if Occurs (L,M,H)	Likelihood of Occurrence (L,M,H)	Mitigation Plan
1.	ACS/Xerox MMIS Implementation - MMIS go-live may be after the MCM go-live.	Medium	Medium	Make the HP MMIS ready to accommodate MCM for 1/1/13 and if needed, continue to use until the ACS/Xerox MMIS is ready to go-live.
2.	Use of HIPAA standard transactions to exchange data with the MCOs – The State will need the ACS/Xerox MMIS to produce standard transactions. Could cause a negative schedule impact.	Medium	Low	HIPAA standard transactions will be used where possible and interfaces will be phased in.
3.	Client Address Accuracy - Inaccurate addresses could cause problems with enrollment.	Low	Medium	Returned mail will be worked by a special team to update client addresses in the New HEIGHTS eligibility system before the enrollment packets are mailed out.
4.	PBM Contract - The Magellan contract may need to be amended. This could have timeline and budget implications.	Medium	Medium	Involve Magellan in requirements discussions early to identify and plan for changes.
5.	MCO Readiness - The MCO readiness review will be held the first week in September. It might be possible that a MCO won't be ready for go-live and will be excluded from the initial roll-out. How does this impact NH Easy/New Heights, auto-enrollment, document for enrollment packet?	Medium	Low	Plan for flexibility in MCO selection in the online selection tool, NH Easy.

12.0 Interface Testing Plan

Each of the system interfaces will be tested before moving to a production schedule. The testing will include:

- Validation of file layouts – Confirmation that the data is in the correct layout.
- Validation of automated file transfer process – Confirmation that the files are produced and uploaded using the processes that will be used during production.
- Analysis and validation of data exchange – Confirmation that the data makes sense and is ending up in the right location.
- Execution of test scenarios – Testing the interfaces to make sure that all the different business variations have been anticipated and covered.
- Review of testing outcomes – Review of the MCO and DHHS systems to ensure all of the processes are accurate and complete.
- Tracking of testing defects – Tracking of defects to ensure they are resolved.
- Regression testing – Retesting, where needed, to ensure processes are working correctly.

A System Integration Test Plan will be produced to document the testing process.

13.0 Workplan

Refer to MCM_SI Project Workplan.pdf document.