

The Future of Medicaid IT Redefining the MMIS: The Oregon Model

Panel Members:

Jim Joyce, Oregon

Bill Larkin, Fox Systems

Bruce Weydemeyer, Fox Systems

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Redefining the MMIS: The Oregon Model Session Outline

- Redefining the MMIS Jim Joyce
- The Oregon Model Bill Larkin
- Interactive Discussion Panel & Audience

Redefining the MMIS Background

Charter: Initiative to begin to develop the conceptual blueprint for a new General Systems Design for MMIS

Sponsor: CMS and STAG

Working Group:

Oregon

Tennessee

Louisiana

Connecticut

Kansas

Minnesota

Jim Joyce, Randy Canoy

Ken Barker, Marie Ferrell

Susan Wagner, Bill Perkins

Sue Walker

Diane Davidson

Larry Woods

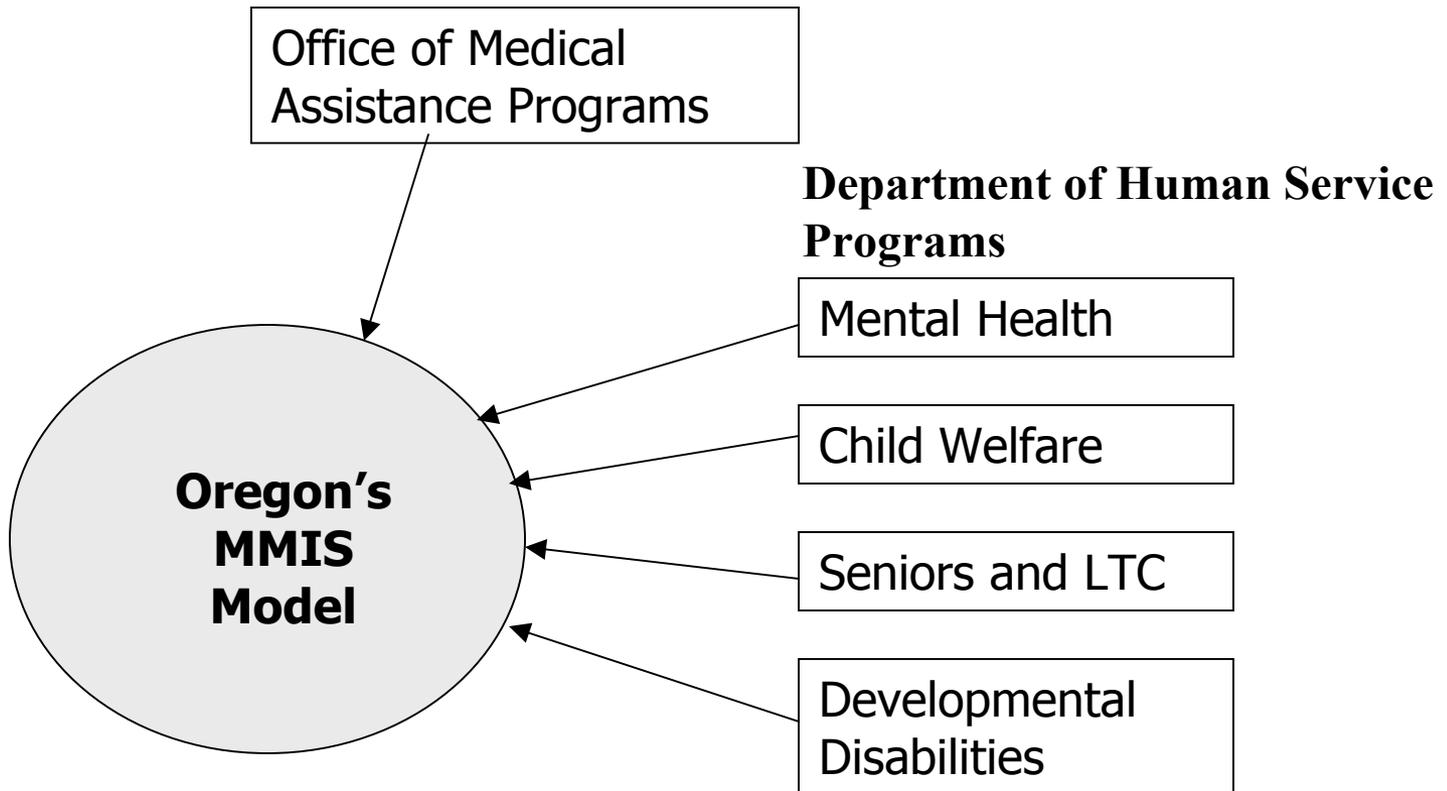
The Oregon Model

General Requirements

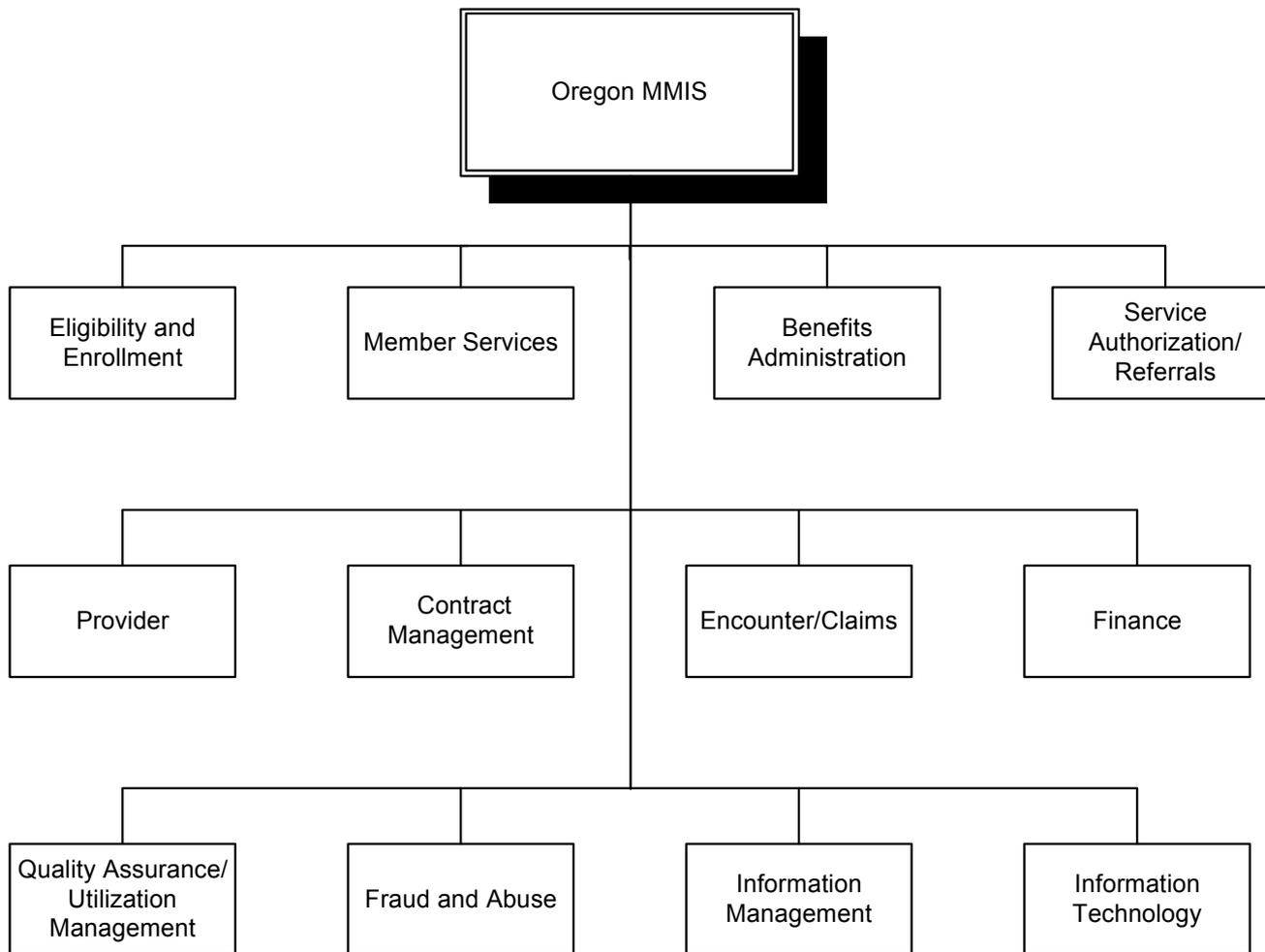
- Common Medicaid solution across DHS programs
- Flexibility to support changing Federal and State Legislation
- Integration with the planned DHS integrated technology solution
- Client and provider self service through web access
- Expanded business processing functionality
- Long Term HIPAA compliance
- Continued outsource of Pharmacy POS and DS/SURS

The Oregon Model

General Requirements



The Oregon Model



The Oregon Model

Unified Data Strategy

Screening Analysis and Referral				
Eligibility Determination				
Integrated Case Management				
Outcome Reporting				
Other Common Functions shared across DHS				
Medicaid	Child Welfare	TANF	Food Stamps	Other Programs
Unified Participant Data (Clients and Providers)				

Future
DHS-wide
Functions

Program
Specific

Foundational

Redefining the MMIS

Immediate Uses of the Model

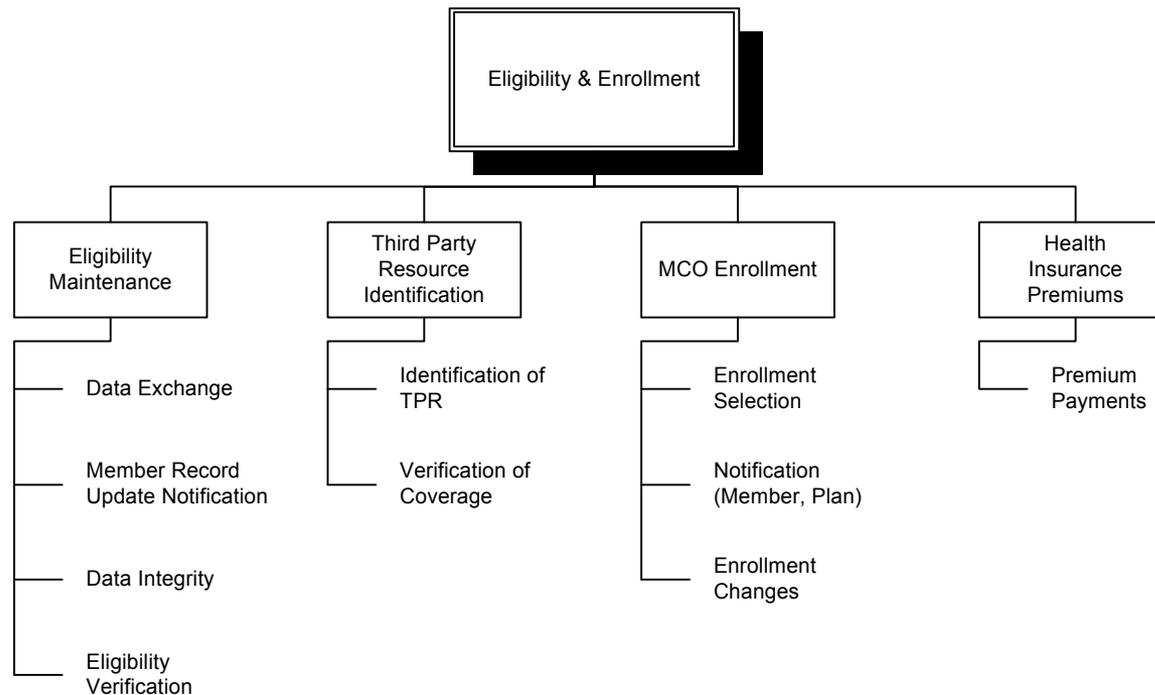
CMS

- *Define direction for future policy change*
- *Driver for MITA*

National Medicaid Directors Conference

- *Outlines the breadth of functionality being developed in other states to solve common issues.*

Eligibility and Enrollment



Eligibility and Enrollment

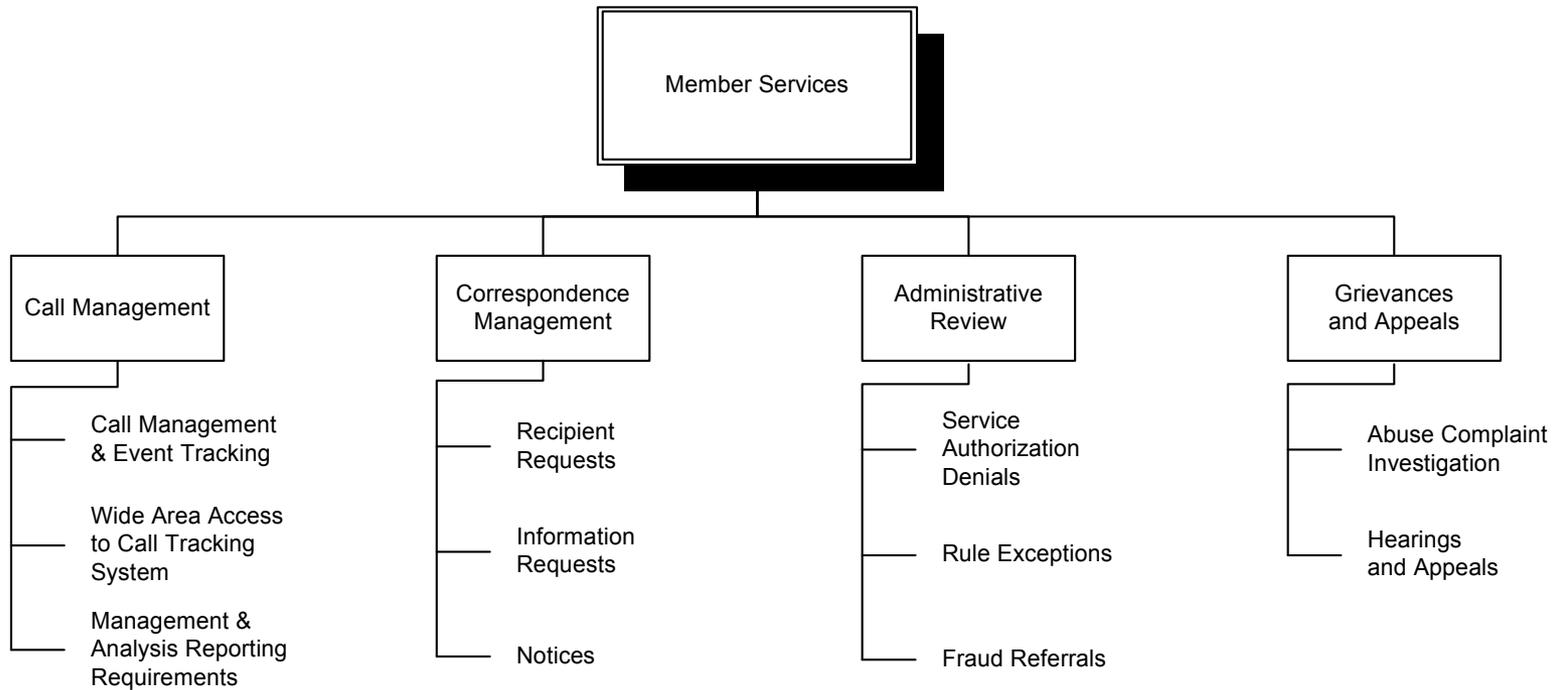
Requirements

- Unified Client information that supports the eligibility for multiple programs.
- Ability to accept real-time updates.
- Ability to keep members enrolled in same plan when they move, geographically defined health plan service areas
- Ability to compare updates to information on file. Improved audit trails with complete history.

Benefits

- Improve responsiveness to client needs.
- Capability to detect, resolve errors and establish accountability
- Reduces movement between plans and provides for better patient management.
- Reduced manual processes and faster payments.

Member Services



Member Services

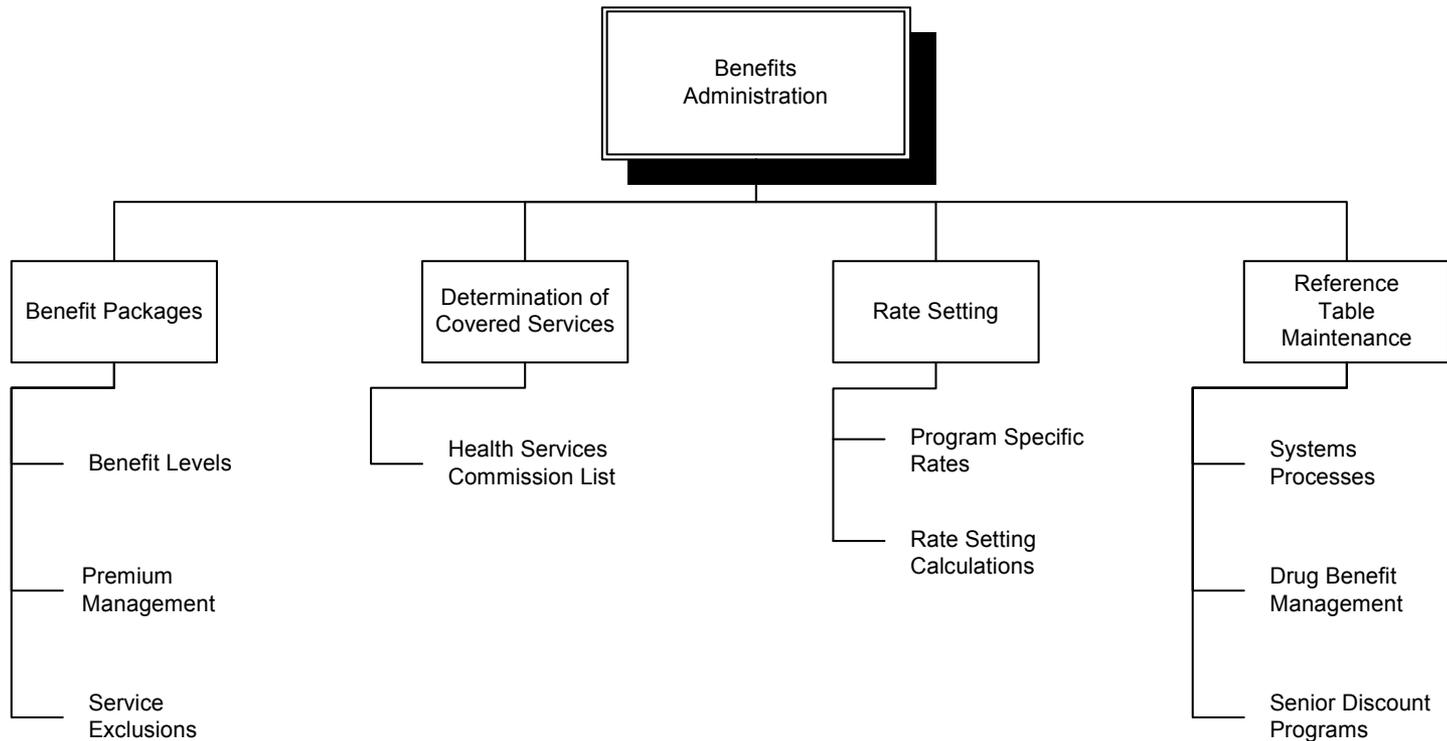
Requirements

- Call management and event tracking component with the ability to capture all client and provider events and make it available including:
 - *Client Telephone calls*
 - *Client Notices*
 - *Client email or written inquires*
 - *Client ID Card issuance*
 - *Client appeals*
 - *Self service events, contacts with ARU for information.*

Benefits

- Capability to see all recent contacts in a single view, capability to know who else is working with client.
- Workflow management capabilities to ensure that all events are tracked and closed to a satisfactory conclusion.

Benefits Administration



Benefits Administration

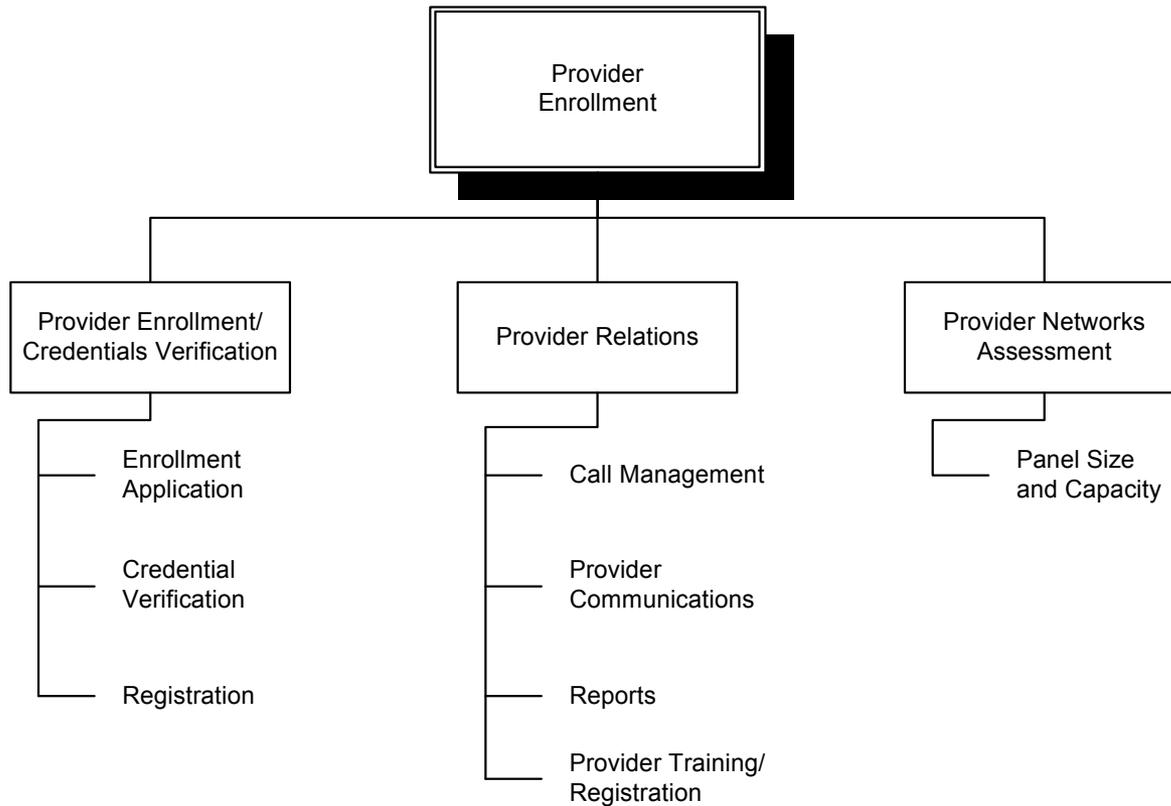
Requirements

- Flexible benefit plans including:
 - *rate setting*
 - *premium calculation*
 - *co-payments*
 - *client contributions*
- Ability to associate a particular set of providers or contracts to a benefit plan, and to tie a benefit to a set of services, such as carve out services.
- Ability to define Individually tailored benefit plans

Benefits

- Built in flexibility to easily develop benefit plan changes to meet new policy and legislation.
Capability to build new benefit designs for special needs and targeted client groups.
Capability to develop new cost and utilization management strategies.
- Improved services to special populations.

Provider



Provider

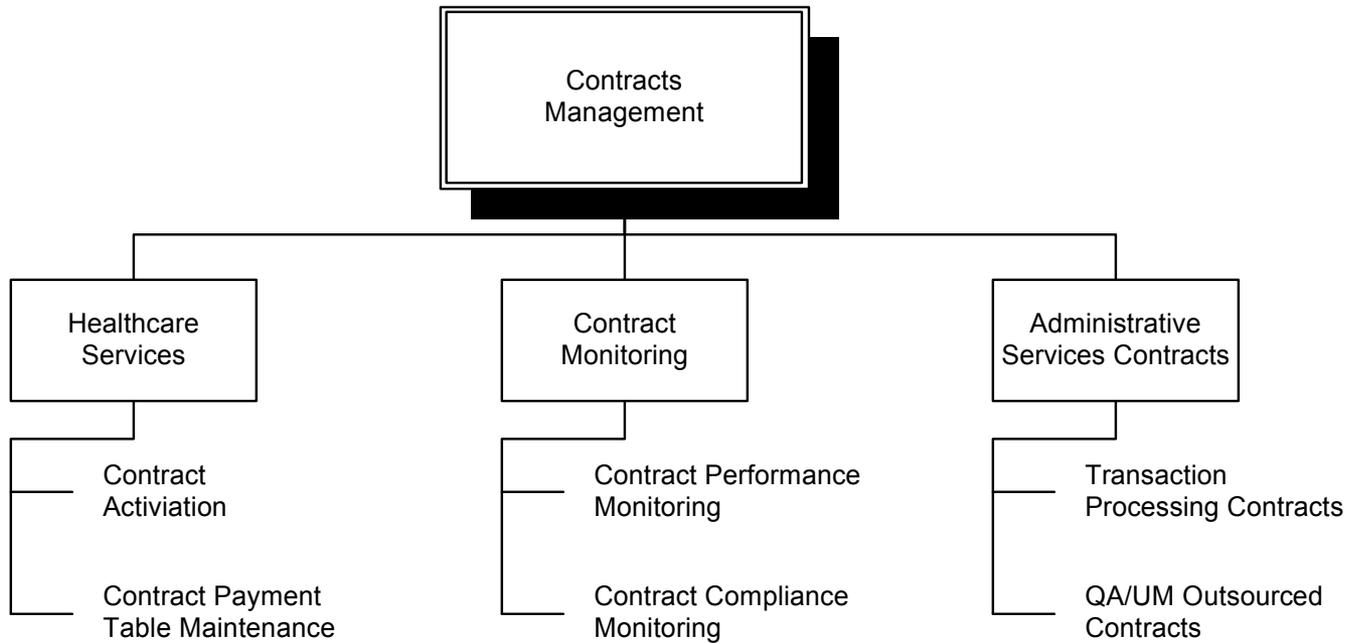
Requirements

- Unified Provider Data
- Web access for provider interaction for:
 - *Provider enrollment and maintenance*
 - *eligibility inquiry*
 - *authorization request*
 - *real time claim submission and correction claims inquiry*
- Ability to tie providers to contracts and health plans

Benefits

- Single Source
- **Allows providers to interact with the MMIS for increased responsiveness.**
- **Provides capability for faster, more predictable payments.**
- **Improved accountability and data analysis across programs**

Contracts Management



Contracts Management

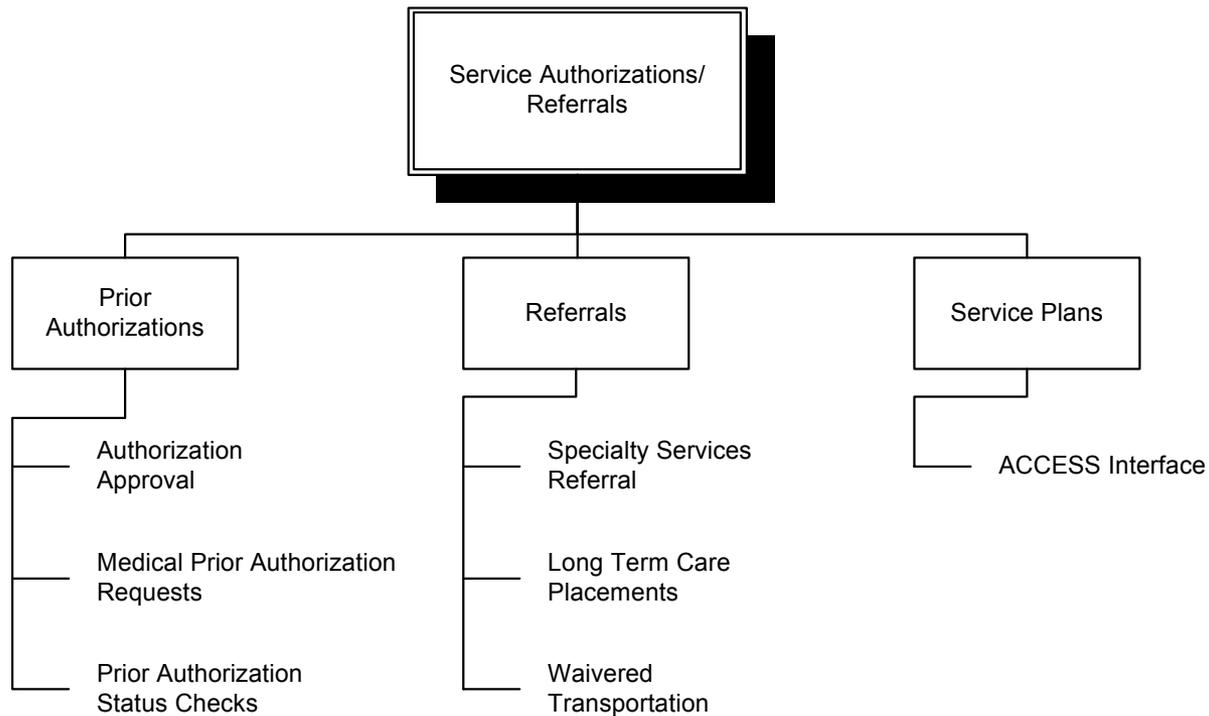
Requirements

- New contract management component to support all aspects of contract oversight, including:
 - *payment*
 - *performance requirements*
 - *contract limits*
- Flexibility to support various payment methods and schedules.

Benefits

- Enables state contract administrators to monitor contract terms and support performance based contracts. Ability to tie payment to contract limits.
- Many different ways to pay providers, based on contract terms.

Service Authorizations



Service Authorizations

Requirements □

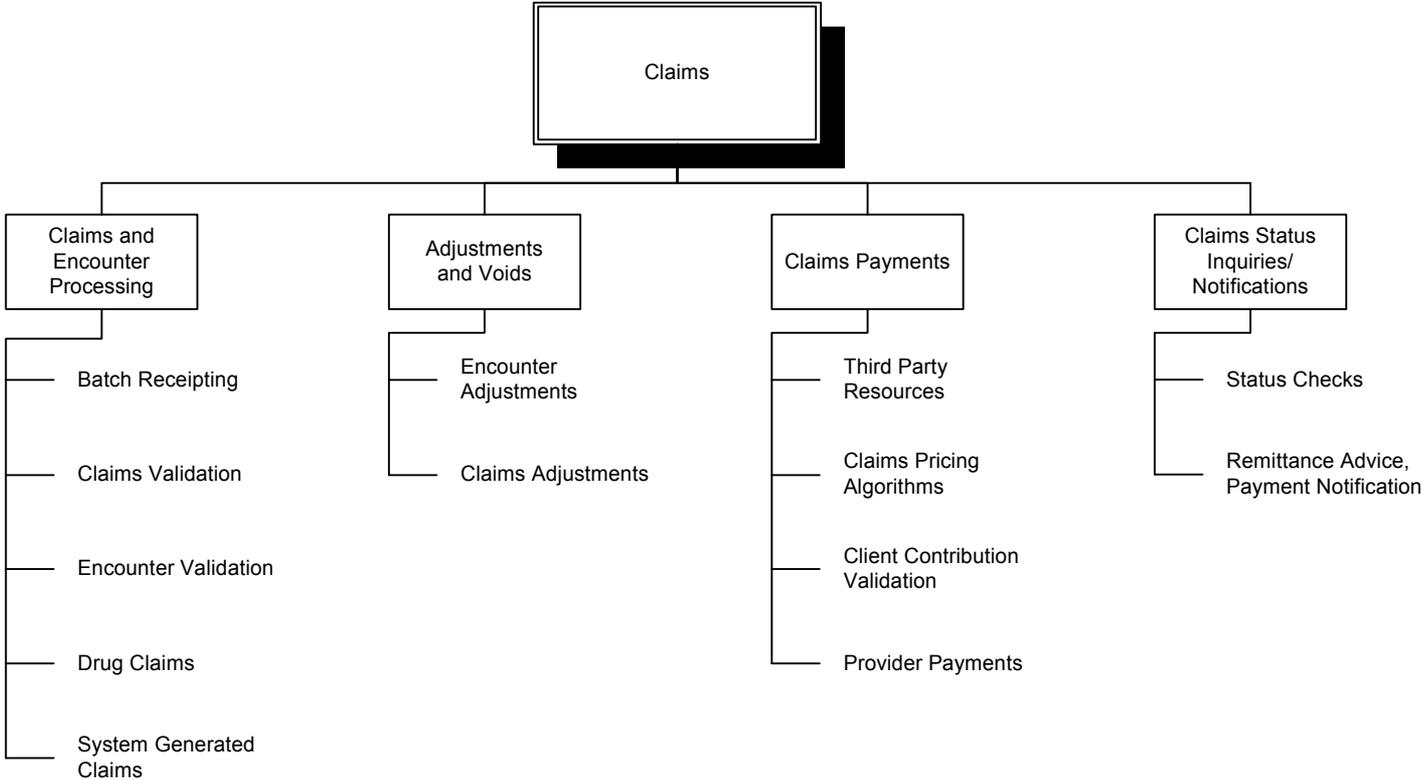
- Support for provider to state and provider to provider authorizations
- Allow long range service authorizations for Waiver, and Nursing Facility services
Interface with other state case management systems to automatically create a service authorization
- Support non-medical waived transportation as part of case manager established service plans

Benefits □

- Capability to support new types of agreements and contracts with PCPs
- Reduced workload for chronic conditions
- Greater efficiency

- Improved case manager capabilities

Claims Management



Claims Management

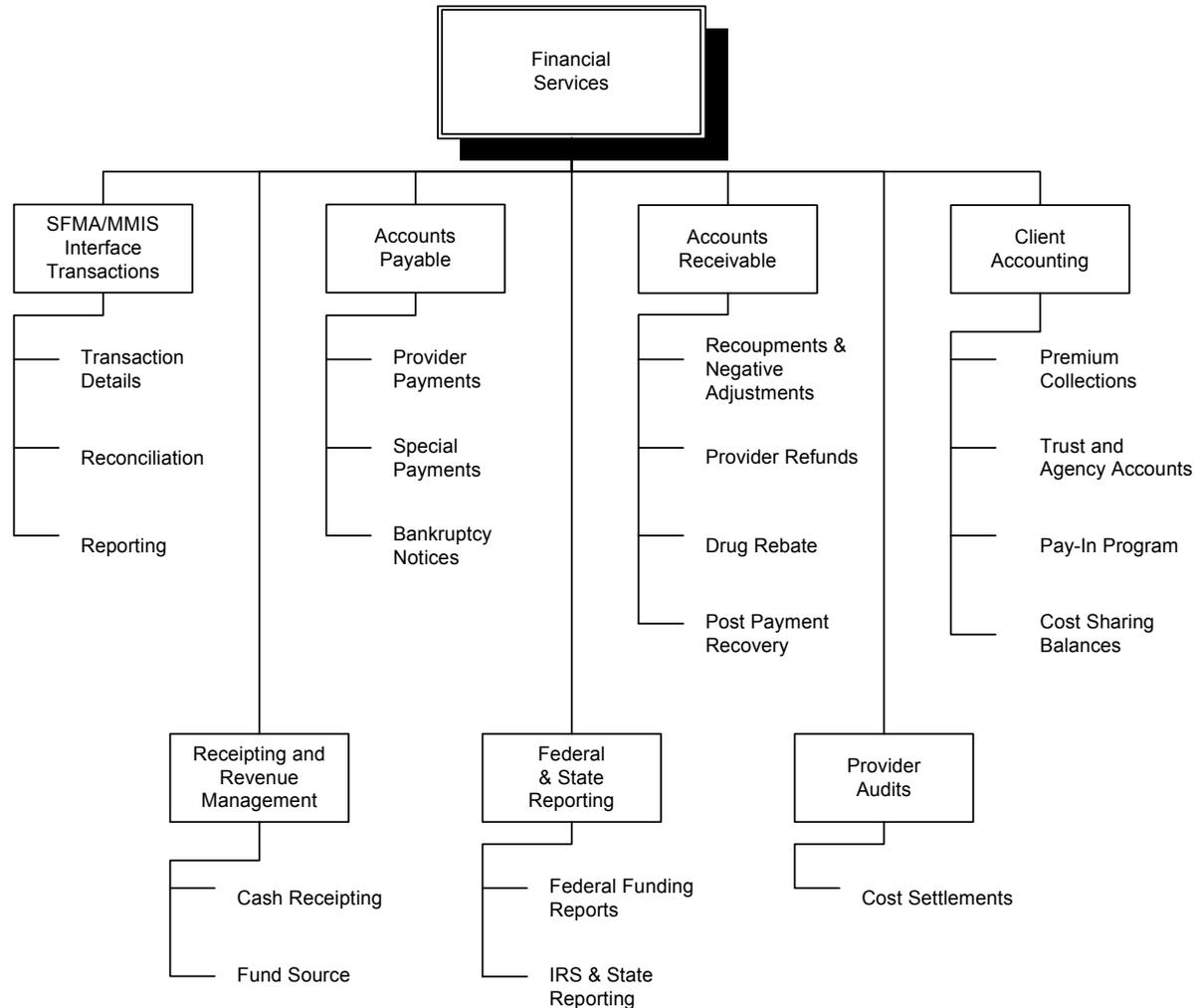
Requirements

- Sophisticated claim edits and audits
- Ability to perform Mass Adjustments to reprocess selected claims
- Ability for provider and health plans to perform electronic adjustments.

Benefits

- Reduces manual processes, improved fraud detection
- Capability to handle retro active rate changes, TPL, and recover overpayments, or update history.
- Self service adjustment capabilities so providers can self manage and plans can correct encounter data.

Financial Management



Financial Management

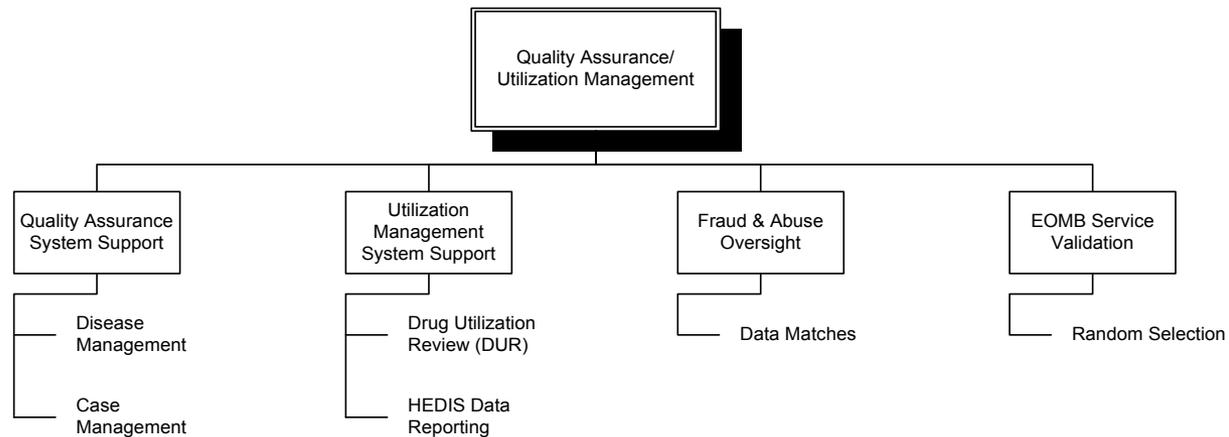
Requirements

- Ability to have a single history and tie financial information to state accounting systems and budget process.
- Enhanced Financial and Accounting Component to improve Medicaid enterprise business needs including revenues, expenditures, receivables, recoupments and reporting.

Benefits

- A common history can ensure that the MMIS and state financials are in synch.
- New capabilities to perform mass adjustments and voids, set up liens, garnishments, recoupments and credit balances.
- New capabilities to track accounts receivable.

Quality Assurance & Utilization Management



Quality Assurance & Utilization Management

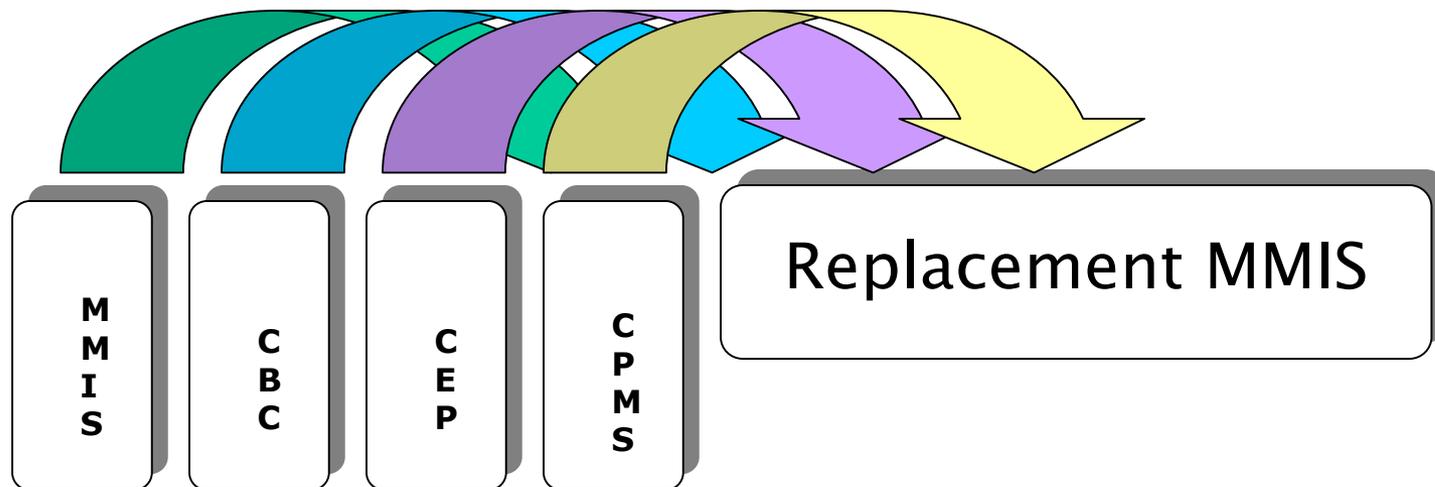
Requirements

- Ability to receive and store information from the Oregon Health Department (e.g., immunizations, family planning, birth notice and death notice).
- The system will support client and provider satisfaction surveys, including ability to respond via self service.
- Improved encounter data quality for rate setting.

Benefits

- Allows qualitative assessment of plan and FFS populations
- Supports wellness assessment, self assessment
- More accurate rate setting based on experience

Centralization of Common Medicaid Processes



- *Reduces training time*
- *Reduces duplication of efforts*
- *Standardizes business processes enterprise wide*
- *Improves financial management*

- *Common functionality brings additional core capabilities to all programs.*
- *Better serve clients and provide accountability and tracking.*

Redefining the MMIS: The Oregon Model Panel Discussion

How is the future model different than the
current federal general systems design?

Redefining the MMIS: The Oregon Model Panel Discussion

If our state is early in the process of re-procuring our MMIS, how can we benefit from the new MMIS model ?

Redefining the MMIS: The Oregon Model Panel Discussion

How could the unified data model requirement be implemented when MMIS is usually a stand alone system?

Redefining the MMIS: The Oregon Model Panel Discussion

What are some of the major business drivers that could drive the technology solutions in the future ?