

[Taken from the approved Medicaid Management Information System (MMIS) Charter]

Executive Summary

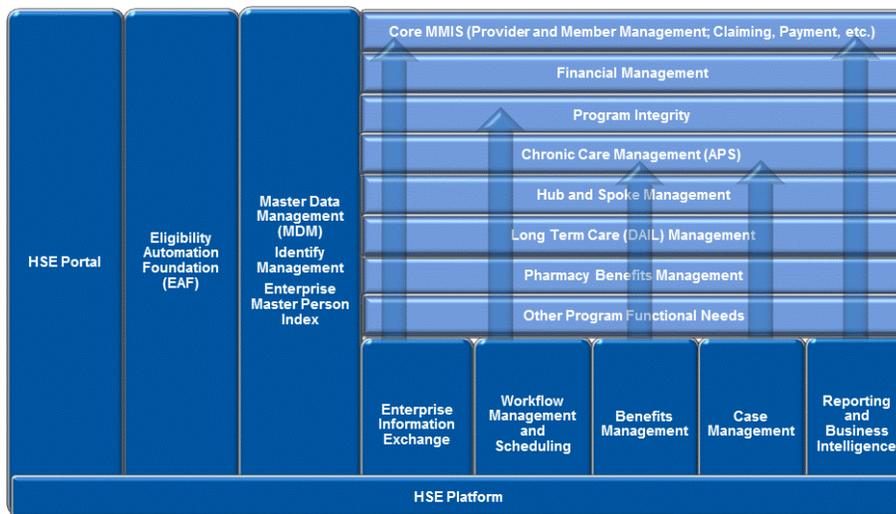
The MMIS project is a core element of the AHS Health Service Enterprise (HSE) vision. The MMIS project will align Vermont's Medicaid Management Information System with new Federal and State regulations stemming from the Federal Affordable Care Act and Vermont's Health Care vision, Act 48. Vermont has undertaken an aggressive program to overhaul health care; dramatically changing health care facilitation, funding, and processes. The current system relies on data that is inefficiently stored and retrieved and is unable to establish a member-centric view across the range of services provided by the state. This lack of interoperability fosters a silo approach to Medicaid program and beneficiary care management at the department level. Shortcomings in data management create limitations to DVHA staff when it comes to managing Fraud, Waste, and Abuse cases. The new MMIS will integrate Service Oriented Architecture (SOA), creating a configurable, interoperable system, and be compliant with Center for Medicare and Medicaid Services (CMS) Seven Standards and Conditions.

The vision of Vermont's MMIS can be pictured as a contemporary SOA based system that efficiently and securely shares appropriate data with Vermont's Agencies, Providers, and other stakeholders involved in a citizen's care.

Project Overview

The MMIS project is one of five core projects identified within AHS to facilitate Vermont's transition to a member centric philosophy supporting improved health care delivery and outcomes. The new MMIS will utilize the strategic HSE platform (HSEP) as a means of integration to other HSE components and services and align with MITA 3.0 business processes.

AHS will serve Vermonters more effectively within the new framework that will benefit the state through improved efficiency and processes while reducing costs. The overarching goal is two-fold; to reduce total health care costs to Vermont taxpayers while improving health care outcomes through improved systems and processes. One visual interpretation of the proposed MMIS integrated as part of Vermont's HSE Platform is shown below:



Gartner Reference Model for an Integrated MMIS to the HSE Platform of shared services and components

Project Objectives

The MMIS project's objectives are to deliver Vermont State Medicaid Operations and stakeholders a system that:

- Meets Centers for Medicare and Medicaid Services (CMS) 7 standard and conditions
- Is compliant with Affordable Care Act (ACA)
- Integrates with Vermont's Health Services Enterprise
- Positions AHS to comply with Vermont's vision for health care services as outlined in Act 48

Project Scope

The MMIS project will:

- Manage legacy contracted work to ensure continued operations
- Identify the requirements of the new MMIS reflective of ACA, Act 48, and MITA 3.0
- Through multiple RFI, RFP awards, and DDI processes, partner with a system integrator(s) (SI) to manage the migration to the new SOA based system, compliant to and aligned with Vermont's HSE (Health Services Enterprise). Currently three work streams are proposed:
 - Vermont Chronic Care Initiative (VCCI) – This RFP's goal is to partner with a vendor that specializes in clinical work, data management, business intelligence, and risk stratification.
 - Pharmacy Benefit Management (PBM) – This RFP's goal is to partner with a vendor that specializes in PBM management systems. Vermont initiated an RFI process in late 2012 and reviewed eight responses from vendors that support PBM systems that operate within SOA rules and construct.
 - MMIS Operations – This RFP's goal is to partner with a company that specializes in the core functions of the MMIS claims, payment, and adjudication processes. The RFP will also source data analytics and business intelligence supporting Medicaid based programs and CMS requirements such as Program Integrity, Third Party Liability, Coordination of Benefits, and Chronic Care programs. The current MMIS does not adequately address Vermont's needs nor is it compliant with CMS standards.
- Conduct a MITA State Self-Assessment (SS-A) to MITA's updated 3.0 release. The self-assessment will review the "as-is" state of Medicaid operational processes and craft the "to-be" business processes and provide a roadmap that will be utilized as the state migrates to the new MMIS. The self-assessment and alignment to MITA 3.0 standards will enable Vermont to enact a successful single payer health benefit system by 2017 compliant to ACT 48.

The scope of this project includes and excludes the following items:

In Scope:

- Ensure current MMIS operations are maintained through communication and issue resolution with other HSE projects that interface with ACCESS and MMIS
- Procurement of a SOA based MMIS and supporting functionality
- Collaboration with AHS stakeholder organizations to update business processes to optimize the new MMIS capabilities via a MITA 3.0 self-assessment
- Integrate the MMIS into the broader HSE; utilizing the Enterprise Service Bus, Enterprise Master Person Index, Master Provider Index, and other components as they become available.
- Create a transition plan to manage the migration of Vermont's Medicaid operations from the current vendor managed contract to the new vendor managed contract

Out of Scope:

- Identifying and updating eligibility rules within ACCESS
- Identifying base system architecture selection and configuration as these project components are being handled by DII through the HSEP project