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Sharing Solutions to Common Challenges

NMEH MITA SWG Presents:

DEVELOPING THE ENTERPRISE

Randy Canoy, NMEH MITA SWG Co-Chair

DEVELOPING THE ENTERPRISE

Using MITA to Support Policy and Strategic Roadmap Development as We Reshape the Medicaid Service Delivery Model

April 4, 2017

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INTRODUCTIONS

- Todd Meyer, Moderator
- Panel Members
  - Ed Dolly, Chief Information Officer/HIT Coordinator, Health and Human Resources Management Information Services, West Virginia
  - Debbie Lemmon, Senior Consultant, BerryDunn
  - Randy Canoy, Enterprise Architecture Manager, State of Oregon

DEVELOPING THE ENTERPRISE OREGON

Randy Canoy

- Enterprise Architecture Manager, Oregon Health Authority
- Has over twenty-seven years of experience in Medicaid and Health and Human Services programs.
- Project Manager for Oregon's MITA SS-A, the MMIS Certification Project and as the Business Manager for Oregon's MMIS Replacement Project.
- Prior to working for the state of Oregon, Randy attended Oregon State University and was in the United States Marine Corps for twelve years.

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Ed Dolly

- Chief Information Officer, HIT Coordinator
- Health and Human Resources Management Information Services, West Virginia
- Leading WV Medicaid technology projects:
  - ✓ MMIS
  - ✓ ICD-10
  - ✓ Provider Enrollment Portal
  - ✓ MITA

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Debbie Lemmon, MSSE, PMP

- Senior Consultant, BerryDunn
- Government Consulting Group, Medicaid Practice Area
- Project Manager, WV MITA 3.0 State Self-Assessment

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BerryDunn Policy Contributors

- Medgar Austin, PMP, Senior Consultant
  - Project Manager, WV ICD-10 Project

- Laura Killebrew, PMP, Senior Consultant
  - Healthcare Transformation Co-Lead
  - Project Manager, Adult Quality Measures

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BACKGROUND

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- West Virginia and Oregon began collaborating through the NMEH group this Spring.
- "How do states handle policy changes as they implement their roadmaps after completing their MITA 3.0 State Self-Assessments?"
- Interactive discussion
  - Every state's path is different, leading to a common destination – compliance with the MITA framework.

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MITA 3.0 OVERVIEW

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MITA is both an initiative and a framework:

- MITA encourages collaboration between CMS and the States to improve the Medicaid Enterprise and its supporting systems.
- It provides a framework of guidelines, models and documentation that states can leverage as they conduct their State Self-Assessments and implement their enterprise solutions.

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MITA 3.0 OVERVIEW

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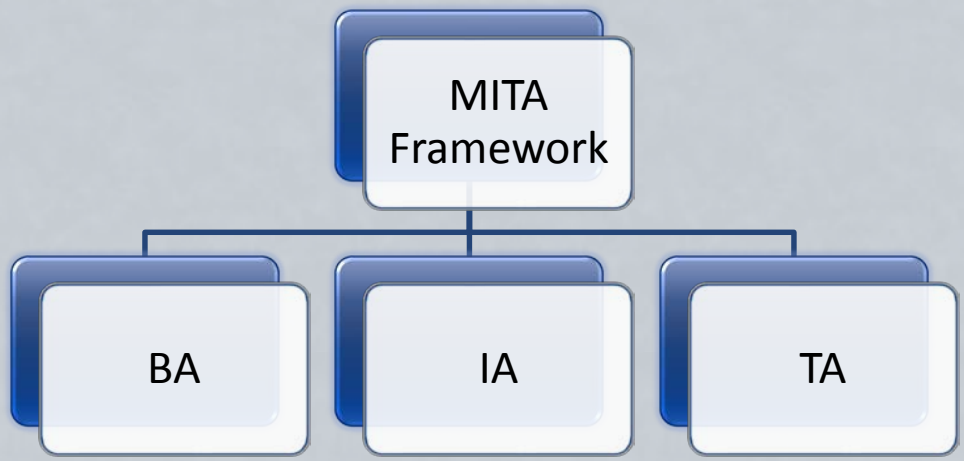
States are required to examine their "As-Is" and "To-Be" in a State Self-Assessment (SS-A) as it relates to:

- People
- Processes
- Systems
- Data



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MITA 3.0 OVERVIEW

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Roadmap

- Strategic Planning
- Initiatives/Projects
- Enterprise Maturity

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MITA 3.0 BENEFITS

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- Customizable - not a one size fits all approach
- Clarification of the who, what, where, when, and how states do business
- Encourages states to be proactive vs. reactive through short and long term planning activities
- Increases efficiency

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MITA 3.0 BENEFITS

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- Reduces complexity
- Promotes collaboration; assigns ownership
- Continuous improvement

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MITA IMPACT

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- MITA promotes change at all levels of the enterprise.
- Need to consider the impact on:
  - Policies
  - State Plans
  - Vendor Relationships, Contracts

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West Virginia is using the MITA roadmap to promote change through a portfolio of projects, including:

- MMIS Reprocurement
- ICD-10
- Provider Enrollment Portal

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MMIS Reprocurement Project

- Estimated completion in June 2016
  - Includes CMS certification and stabilization
- Expedited Certification

ICD-10 Project

- Transition from the International Classification of Diseases (ICD), Revision 9 to the federally mandated implementation of ICD Revision 10 (ICD-10).
- Planned completion October 2015

Provider Enrollment Portal

- Planned completion December 2014
- Implementing a fully electronic provider enrollment system that interfaces with screening agency systems to ensure meeting provider requirements in Patient Protection and Affordable Care Act (PPACA) legislation.

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TRANSFORMATION

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- States such undergoing transformation as a result of implementing a MITA roadmap, such as West Virginia, must ask themselves:

- How do we keep policies updated as we implement our roadmap projects and walk down the path towards change?

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TRANSFORMATION

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- What triggers initiate and impact policy decisions?
- How do we incorporate mechanisms to make policy changes more effective and efficient?

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INTERACTIVE DISCUSSION

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- How are you addressing policy changes as you finalize your MITA 3.0 State Self-Assessments?
- What has worked/not worked as you implemented your roadmap projects from MITA 2.0?
- Any Lessons Learned to share?

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DEVELOPING THE ENTERPRISE OREGON

- Enterprise Architecture
  - Established Business, Information, and Technology Domain Principles
  - Established a training course for Enterprise Architects
  - Load MITA SS-A Materials into IBM System Architect Tool
    - Developed a Business Reference Model consisting of 116 Business Process
      - Incorporate NHSIA, BH-MITA, MITA 3.0 and Oregon Specific Business Processes
    - Completed an assessment of 106 systems
      - Member/Client data in 40 different systems
  - Established a Data Strategy Advisory Board

DEVELOPING THE ENTERPRISE OREGON

- A new Medicaid service delivery model means changes in the way we do business and collect and use data, and the technology solutions to support daily operations. This includes:
  - Outlining new business processes
  - Establishing standards
    - What data is collected
    - How it will be used
    - What it represents
  - Establishing SLAs
  - Technology support
- Here is one example of the way Oregon is changing the way it collects and uses data.

OREGON COMMUNITY CARE ORGANIZATIONS- CCO'S EXAMPLE

- **Across Oregon, coordinated care organizations (CCOs) are working on a local level to transform the health care delivery system to bring better health, better care, and lower costs to Oregonians**.
- Oregon's Community Care Organizations - CCOs
  - Performance base incentive payments
    - Data structure to support collection and reporting of performance measurements.
      - Tracking 17 CCO incentive metrics and 16 additional state performance metrics

OREGON CCO'S EXAMPLE

- **Decreased emergency department visits.** Emergency department visits by people served by CCOs have decreased 17% since 2011 baseline data. The corresponding cost of providing services in emergency departments decreased by 19% over the same time period.
- **Decreased hospitalization for chronic conditions.** Hospital admissions for congestive heart failure have been reduced by 27%, chronic obstructive pulmonary disease by 32%, and adult asthma by 18%.
- **Developmental screening during the first 36 months of life.** The percentage of children who were screened for the risk of developmental, behavioral, and social delays increased from a 2011 baseline of21% to 33% in 2013, an increase of 58%.
- **Increased primary care.** Outpatient primary care visits for CCO members' increased by 11% and spending for primary care and preventive services are up over 20%. Enrollment in patient-centered primary care homes has also increased by 52% since 2012, the baseline year for that program.

QUESTIONS AND DISCUSSION

Oregon Health Authority

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BerryDunn

Thank You!

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