



# What's the (Re)Use?

## Medicaid Enterprise Systems Conference (MESCC) Presentation



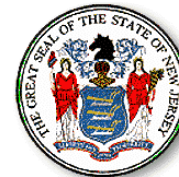
**Session ID #:** 1-11

**Day:** August 14, 2018, 11:00 a.m. – 12:00 p.m.

**Rooms:** B115/B116

# SPEAKERS

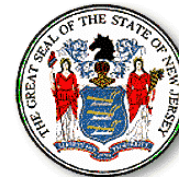
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- Commissioner Cindy Beane, Department of Health and Human Services, West Virginia
- Mary Arcenas, Certification Manager, Replacement Medicaid Management Information System (MMIS) Implementation Team, New Jersey
- Edward Dolly, Senior Technical Advisor, Centers for Medicare & Medicaid Services (CMS)
- Nicole Becnel, Senior Manager, BerryDunn
- Nicolle Field, Manager, BerryDunn

# AGENDA

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1. Overview of West Virginia/New Jersey Leverage and Reuse Project
2. Reuse of Certification Processes, Templates, and Artifacts
3. West Virginia Leverage and Reuse Initiatives
4. Meeting the Requirement for Reuse

# OVERVIEW OF WEST VIRGINIA/NEW JERSEY LEVERAGE AND REUSE PROJECT



Reduce Duplication



Testing



Certification



Bidirectional Leverage and  
Reuse

# REUSE OF CERTIFICATION PROCESSES, TEMPLATES, AND ARTIFACTS



## Certification Processes

Development and storage of evidence

SRC applicability and enterprise ownership

Evidence review and tracking

Training

Lessons learned

## Certification Templates

Evidence packets

Standard email notifications

Tracking tools

Status report for CMS

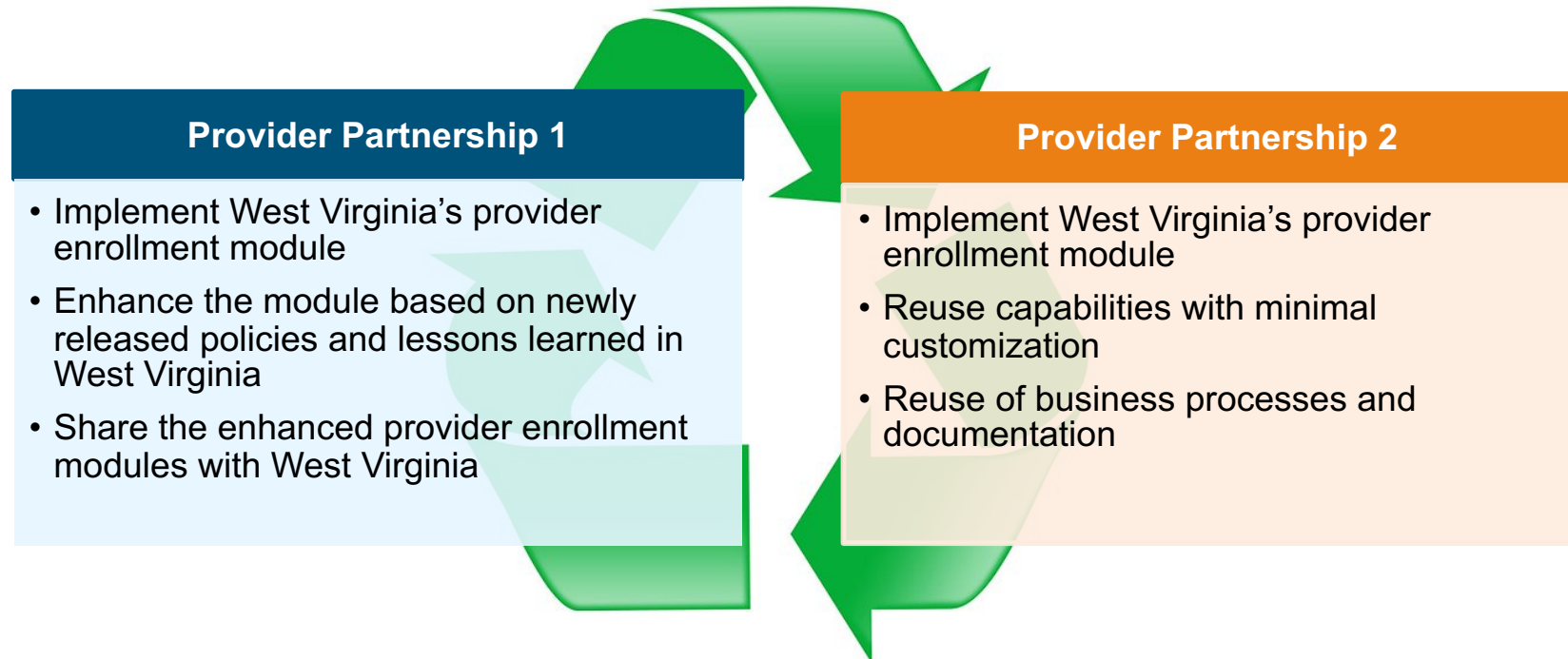
## Certification Artifacts

Crosswalk of evidence from West Virginia to New Jersey

# WEST VIRGINIA LEVERAGE AND REUSE INITIATIVES

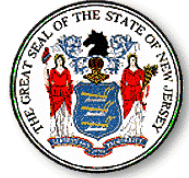


- Partnering with two states to share and enhance West Virginia's current provider enrollment functionality



- Input from other states for Electronic Visit Verification (EVV) systems:
  - ✓ Stakeholder involvement opportunities
  - ✓ Effective requirements
  - ✓ Lessons learned

# MEETING THE REQUIREMENT FOR REUSE



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850

SMD # 16-010

RE: CMS-2392-F Mechanized Claims  
Processing and Information Retrieval  
Systems - Modularity

August 16, 2016

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is issuing this third in a series of State Medicaid Director letters to provide sub-regulatory guidance to supplement CMS-2392-F, "Mechanized Claims Processing and Information Retrieval Systems (90/10)," which became effective January 1, 2016. This regulation further supports the modular systems development requirement detailed in 42 CFR Part 433, Subpart C - Mechanized Claims Processing and Information Retrieval Systems.

In reviewing the responses to our Request for Comments in our Notice of Proposed Rulemaking (NPRM) (CMS-2392-P) published on April 16, 2015 (80 FR 20455), we determined that there is a need for the development of supporting policy and sub-regulatory guidance. In developing sub-regulatory guidance, CMS is engaging our partners and stakeholders in recognition of their valuable experience and unique perspectives on this final rule.

Each of the letters in this series addresses discrete subject areas impacted by the final rule.<sup>1</sup> This letter addresses modular certification of Medicaid Management Information Systems (MMIS).

## Background

On December 4, 2015, CMS published a final rule at 80 FR 75817, "Federal Funding for Medicaid Eligibility Determination and Enrollment Activities." This final rule provided for a temporary enhancement to the federal financial participation (FFP) rate to support the design, development, and installation (DDI) and maintenance and operations (M&O) of Medicaid Eligibility and Enrollment (E&E) systems that are streamlined and interoperable with other systems and that provide a consumer-friendly experience. To further integrated systems, the final rule modified the definition of Claims Processing and Information Retrieval Systems at 42 CFR 433.111(b) to permanently include E&E systems. The broadened definition was also refined to support an enterprise approach where individual processes, modules, sub-systems, and systems are interoperable and work together seamlessly to support a unified Medicaid enterprise.

<sup>1</sup> Previous letters in this series include State Medicaid Director Letter (SMDL) #16-004 and SMDL #16-009 which can be found at <https://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850

SMD # 18-005

RE: CMS-2392-F Mechanized  
Claims Processing and  
Information Retrieval Systems -  
Reuse

April 18, 2018

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is issuing this fourth in a series of letters to provide sub-regulatory guidance to supplement CMS-2392-F, "Mechanized Claims Processing and Information Retrieval Systems (90/10)," which became effective January 1, 2016.<sup>1</sup> This letter reaffirms the requirement for reuse in 42 CFR Part 433, Subpart C - Mechanized Claims Processing and Information Retrieval Systems.

In reviewing the responses to our Request for Comments in our Notice of Proposed Rulemaking (CMS-2392-P) published on April 16, 2015 (80 FR 20455), we determined there is a need to develop supporting policy and sub-regulatory guidance. In developing sub-regulatory guidance, CMS is engaging our partners and stakeholders in recognition of their valuable experience and unique perspectives on this final rule.

Each of the letters in this series addresses discrete subject areas impacted by the final rule.<sup>2</sup> This letter elaborates the guidance for reuse, a key aspect of the Advanced Planning Document (APD), as required under 42 CFR § 433.112(b)(13), and an essential characteristic of business and risk-reduced development, implementation, maintenance, and operations of business processes and systems. Over the long run, reuse is expected to lower implementation and operational costs compared to custom or one-off solutions. This letter consolidates and reinforces guidance and information previously provided to the states.

## Enhanced Funding Requirements

CMS provides, under 42 CFR §433.112(d), 90 percent enhanced federal financial participation (FFP) for Medicaid technology investments funded through an approved APD. One of the 22 conditions that the APD must satisfy for the state to receive enhanced funding, as specified in 42 CFR § 433.112(b), requires states to "[p]romote sharing, leverage, and reuse of Medicaid technologies and systems within and among States." From an intellectual property standpoint, reuse is supported further by the general grant conditions for FFP under 45 CFR § 95.617, which requires states to "include a clause in all procurement instruments that provides that the State or

<sup>1</sup> 80 FR 75817 (Dec. 4, 2015).

<sup>2</sup> Previous letters in this series are State Medicaid Director Letter (SMDL) #16-004, SMDL #16-009, and SMDL #16-010, which may be found at <https://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>