

# PROGRESS

## News of the changing MMIS

December 14, 2005

Vol. 1

### From the MMIS Replacement Project Manager

This is the first edition of the MMIS Replacement Project newsletter. It's been designed to communicate the status of the new Medicaid Management Information system (MMIS) to those working on the project, as well as to other DHS employees.

We have chosen to call this publication *Progress*, because it represents the work done to this point, our progression to full implementation in the summer of 2007, and the progressive approach the new system will bring to Medicaid in Oregon.

Once in place, our new MMIS will provide a more technologically advanced and cost-effective way of administering Medicaid programs for providers and clients — as well as for those of us who manage it.

To be successful in this transition, we must meet two challenges. The first is managing the change to the Medicaid information system. This involves your time

### From the MMIS Replacement Project Executive Co-sponsors:

- **Clyde Saiki**, Deputy DHS Director
- **Cathy Cooper**, Deputy Asst. DHS Director, SPD
- **Lynn Read**, Interim Administrator, OMAP

The Department of Human Services has committed to a set of guiding principles as the core of its management of the MMIS Replacement

Project.

These eight principles were developed by members of the project's Executive and Working Steering Committees and represent what the department believes to be the most effective model for the project's successful implementation.

*The Guiding Principles can be found on page 3.*

and workload. To date, we have asked many of you to attend sessions in which we analyze and make decisions on more than 1,700 system requirements — one at a time. We understand how your commitment to this work affects your schedules and normal responsibilities.

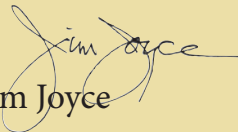
I speak for the whole team when I say how grateful we are for not only your time, but for the high degree of effort you've demonstrated to produce this considerable improvement to the department.

Needless to say, there will be more work for many of you as we move forward with building the business processes necessary to run the system — but we will continue

to do all we can to be sensitive to your other DHS obligations.

The second challenge is preparing to deal with the business changes that will result from this new system. Change is never easy, but we are committed to making this transition as smooth as possible for everyone.

The investment we are making in the new MMIS will be returned to all Oregonians by allowing healthcare funds and human resources to be used more efficiently. Working together, I know we can make that return a reality.

  
Jim Joyce

MMIS Web site: <http://www.oregon.gov/DHS/admin/mmis/index.shtml>



### Clusters come together for Requirements Sessions

Normally, **Marta Sandor**, a provider certification specialist in OMAP, spends her day on the phone helping providers of Medicaid services with issues surrounding the enrollment certification process. But in September, she, along with 24 others, spent seven days hard at work in the new MMIS facility in South Salem.

Sandor and employees from other DHS clusters — along with staff from Electronic Data Systems (EDS) and FOX Systems — were taking part in the first of 14 Requirements Sessions for Oregon's MMIS Replacement Project.

In these sessions, the participants work to reach a common understanding of the exact meaning and intent behind each of the more than 1,700 requirements that DHS defined as necessary to properly administer Medicaid programs throughout Oregon.

They then compare those requirements to the functionality of the MMIS used by Oklahoma, which EDS will transfer to Oregon. Those functions judged not to meet the Oregon requirements are sent

back to EDS with specific instructions as to the changes needed. Sometimes, additional workgroups are necessary to examine certain issues in greater detail.

"I know the system very well from the perspective of what I do every day," said Sandor, "but to see it at this 'micro' level and realize how each small detail needs to be scrutinized is pretty amazing."

Confirming the requirements is only the beginning of the process. Making the changes and designing the rest of the system will come next.

### Beyond the technology

"Even with all the technology in place, we have to also concentrate on the 'people' side of the equation," said **Tim Rahschulte**, manager of business implementation for the project. Rahschulte and his team work closely with all the business units to ensure the transition is as trouble-free as possible.

"We have to understand how the upcoming changes will affect our employees," Rahschulte continued, "and then provide them with the tools they need to learn new skills and be comfortable with all aspects of the new system."

### Project People



**Linda McAlister**  
Senior Business Systems Analyst, with MMIS Project since 2000

**What she does**  
Serves DHS' Financial Services,

Contract Management, and Pharmacy Benefit Management business units to ensure the new MMIS will provide the functionality they need to get their work done as effectively as possible.

### What she says

*"I'm pleased the project is focusing on a system that supports all of DHS Medicaid operations. During the Requirement Sessions, for example, we are working with staff from throughout the department to define a system based on the needs of everyone. That way, we get a system that supports the entire department, not just parts of it."*

2005

Jul-Sept

Oct - Dec

2006

Jan - Mar

Apr - Jun

Jul-Sept

Oct - Dec

2007

Jan - Mar

Apr - Jun

Jul-Sept

### MMIS Replacement Project Guiding Principles

1. Standardizing “like” business processes across the Medicaid Enterprise
2. Utilizing the MMIS transfer system capabilities except where the transfer system does not meet state and federal published policy, rule or regulation
3. Strongly consider the Best Practices and Processes proven in other states to gain significant Medicaid program performance
4. A smooth transition between decommissioning existing Medicaid information systems and the implementation and operation of the new MMIS
5. Thorough training of its workforce on the new MMIS
6. Working closely with the Provider community to ensure that Providers are given input and receive adequate training and support to transition to the new MMIS
7. Work unit managers and key staff are involved in requirements definition, business process definition, business improvement activities, acceptance testing and provider communication and transition activities
8. Meeting all current MMIS business and system requirements and enhancing and managing those requirements based on changes in state and federal legislation, DHS policy, and interdependent DHS initiatives like MMA and the eXPRS Project