
Emergency Board Subcommittee on Human Services

Medicaid Management Information System (MMIS) Update
September, 2010



MMIS Purpose

- Screens and Pays Provider Claims
- Generates Client Medical ID Cards
- Assigns and Tracks Client and Provider Enrollment
- Supports Program Integrity through Service Authorization, Case Management and Plans of Care
- Provides Decision Support and Surveillance

Previous MMIS

- Implemented 1982
- Designed for paper claims
- Not designed for managed care
- Unable to adapt to pace of Federal and State required changes

MMIS Statistics

- MMIS serves approx 600,000 clients per year
- 36 Managed Care Organizations delivering over 80% of total services
 - Fully Capitated Health Plans (FCHPs)
 - Mental Health Organizations (MHOs)
 - Dental Care Organizations (DCOs)
- 31,000 providers
- 4,000 Users
- Approximately \$200 Million in payments per month

New MMIS: Implementation

- Implemented in December 2008
- 8 Year project
 - 4 Years Planning
 - 4 Years Implementation
- \$80 Million Total Implementation Cost
- Jointly Funded -10% State, 90% Fed
- Hewlett Packard (EDS) is Vendor

New MMIS: Implementation Overview

- MMIS was implemented with known deficiencies in December 2008.
- MMIS went live with a 90-day “workaround/fix-it plan” in place:
 - Manual workarounds to support problem area business processes
 - Transitional payments ensuring providers and plans continued to receive payments
 - A plan for expediting the elimination of critical defects
 - Regular progress meetings with internal/external stakeholders

New MMIS: What Happened?

- Most core MMIS functions worked properly
- Workaround/fix-it plan was effective in many areas
- Many problem areas were corrected, but the resolution pace was not acceptable
- Overall, the deficiencies took longer than 90 days to correct
- Communications could have been managed better
- MMIS was not accepted or certified within the originally planned timelines

New MMIS: Management Actions

- Implemented process improvements to expedite “fix-it” activities
- Contracted with external firms for expertise and assistance
- Closely monitored and managed MMIS vendor, HP
 - Multiple performance letters between 2008 and 2010
 - Developed and managed Stabilization Plans
 - Regular operational and leadership meetings
- Collaborated with Center for Medicare/Medicaid Services (CMS) to work for full system certification
- Collaborated with the Legislative Fiscal Office (LFO) to ensure transparent communications

MMIS Completion Plan

- In January 2010, the Department committed to the legislature to:
 - Create a final plan to “finish” the remaining work related to MMIS
 - Work closely with Legislative Fiscal Office (LFO)
 - Report progress at future Legislative meetings
- In May update, the Department:
 - Created a fully resourced work-plan to achieve:
 - System Acceptance
 - System Certification
 - Reconciliation with MCO Systems
 - Critical changes to the system
 - Worked with the LFO to improve project status reporting
- As of September, 2010, the Department:
 - Achieved System Acceptance
 - Fixed Historical Eligibility Data issues
 - Sent the letter requesting onsite certification review from CMS
 - Is making progress on the final tasks for MCO reconciliation
- Final System Resolution is projected for December 31st, 2010

Oregon
Health
Authority