



CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Transforming Medicaid Into A Value- Based Purchaser

Kristi Grunewald
Strategic Planning Director
MN Dept. of Human Services
Kristi.Grunewald@state.mn.us

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CAPS

- Received \$2.8 million grant from CMS to:
 - Transform Medicaid systems
 - Increase quality and efficiency of care
 - Simplify administration of programs
 - Improve population outcomes
 - Improve coordination of care



CAPS Components

- Automated Authorization
- Health Information Request
- Children's Mental Health Outcome Measures
- Role-based security for provider portal

CAPS

- Built into the existing web-based provider portal used for:
 - Claims submissions
 - Remittance Advice retrieval
 - Eligibility verification
- Providers access CAPS through the portal
 - Aligns with “one-stop shop” philosophy
 - Single sign-on
 - Cost effective

CAPS

- Utilize Medicaid Information Technology Architecture (MITA) principles:
 - Business driven
 - Create web services
 - Interoperability
 - Reusability
 - Extensibility

CAPS

MITA principles continued:

- Not proprietary
 - DHS will maintain and make enhancements
 - Source code could be shared
- Utilize open source software
- Utilize industry proven standards
 - Object Oriented Analysis and Design (OOAD)
 - Unified Modeling Language (UML)

CAPS

- Mixture of contractor and state staff
- Learned it was best to integrate state staff in with contractor
- Knowledge transfer is key as built with newer technology

CAPS Automated Authorization

- Providers submit an electronic authorization
- Immediate notification of status
 - Member ineligible
 - Authorization not required
 - Data entry issues

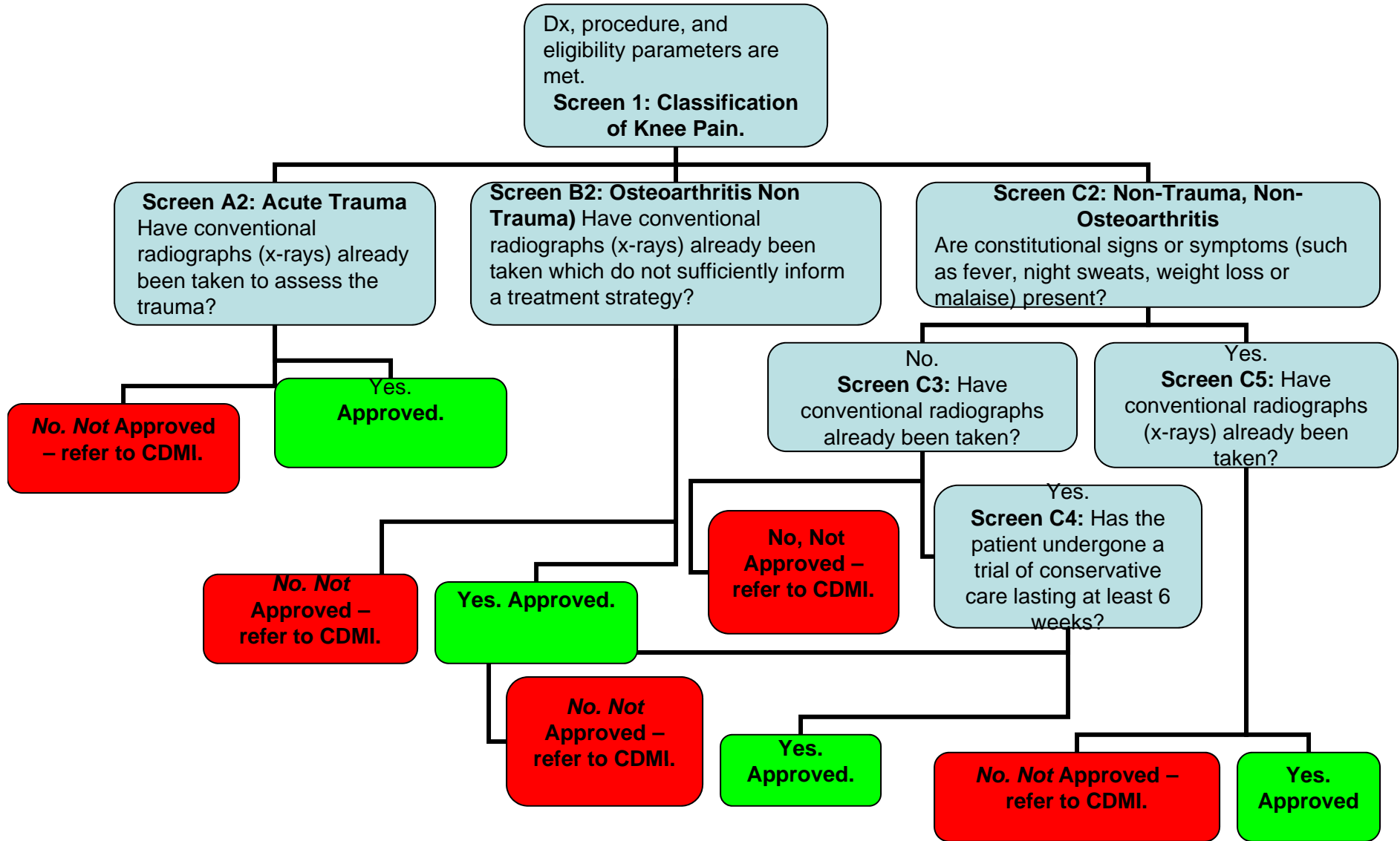
CAPS Automated Authorization

- Automated Clinical Decision Support for High Technology Imaging
 - Legislation required authorization
 - High dollar, high utilization services
 - Greatly increases number of authorizations
 - Needed an automated way to control costs spent for third party reviewer

CAPS Automated Authorization

Automated Clinical Decision Support for High Technology Imaging

- DHS' Health Services Advisory Council
 - Comprised of physicians, other health care providers and a consumer representative
 - Determine which services should be covered using best research available
 - Developed evidence based protocol for high tech imaging authorization approval



CAPS Automated Authorization

- Automated Clinical Decision Support for High Tech Imaging
 - Diagnosis code/age match
 - Providers asked a series of medical necessity questions
 - Rules engine determines status:
 - Approved
 - Denied
 - Submitted to third party reviewer



Medicaid
Information
Technology
Architecture



CAPS Automated Authorization Benefits

- Increase efficiency for providers and members
 - Immediate notification of issues
 - Real-time approvals for some services
 - Member receives service faster



CAPS Automated Authorization Benefits

- Cost effective
 - Authorizations that cannot be approved or are not needed are automatically denied
 - Reviewers can focus on exceptional cases
 - Contract costs with third party reviewer are reduced
 - Number of authorized services increasing necessitating a way to control costs



Medicaid
Information
Technology
Architecture



CAPS Automated Authorization Benefits

- Reusable
 - Built to allow extension to other services
 - Home care
 - Pharmacy
- Rules engine
 - Rules modified by business
 - Reduced technical assistance needed



CAPS Automated Authorization Lessons Learned

- Business continues on during project
 - New rules changed the way we will do business
 - Led to changes in the authorization process for high tech imaging services
 - Delayed implementation of some of the Clinical Decision Support component

CAPS Automated Authorization Lessons Learned

- Collaborate and communicate
 - Post-implementation issues due to users not being involved in testing
 - Too little communication to providers regarding the changes
 - Assumed that providers were familiar with the process



CAPS Health Information Request

- Providers view member claims information
 - Selected data elements
 - Summary format
 - User friendly
 - Information available upon adjudication
 - Fee for service and managed care
 - Access for selected providers

CAPS Health Information Request

- Three types of information
 - Medication
 - Inpatient Hospitalization
 - Emergency Department visits
- Not available until role-based security is implemented



CAPS Health Information Request

- Medication
 - One year of history
 - Data elements:
 - Fill date
 - Generic name
 - Dosage
 - Strength
 - Quantity
 - Days supply
 - Prescribing provider
 - Pharmacy name

CAPS Health Information Request

- Inpatient Hospitalization and Emergency Department Visits
 - Three years of history
 - Data elements:
 - Dates
 - Diagnosis'
 - Selected procedures
 - Hospital
 - Attending provider

CAPS Health Information Request

- Goals:
 - Allow health care providers to efficiently coordinate care
 - Enhance the quality of care
 - Reduce duplication of services
 - Reduce use of inappropriate services

CAPS Health Information Request

- MITA (SOA) principles:
 - Created web services
 - Reusability
 - Used same web service for Minnesota's Health Information Exchange (MN HIE) medication history
 - Extensibility
 - Built to allow expansion to other types of service information

Health Information Request Lessons Learned

- Ensure that everyone understands what you are building
- Strict privacy laws with exchange of health information
- Privacy issue was reopened after component was built
 - Uncertain whether we have to make changes
 - Uncertain whether we can make changes

CAPS Children's Mental Health (CMH) Outcome Measures

- Existing pilot project to report assessment results for two nationally recognized assessment instruments
- Process was manual
 - Excel spreadsheets
 - Provider had to score assessments
 - DHS had to correct scoring
 - No feedback for provider



CAPS Children's Mental Health (CMH) Outcome Measures

- Wanted to expand pilot statewide
- Needed an automated process
- Provider needed reports to monitor progress



CMH Outcome Measures Statewide Expansion

- Providers enter assessments and recommended services
- CAPS automatically scores
- Data automatically transmitted to DHS for statistical analysis
- Provider reports generated to track member and provider outcomes
- Business can modify rules engine with reduced technical assistance for changes in scoring



CAPS CMH Outcome Measures Impacts

- Outcome measures will be developed for nearly 25,000 Emotionally or Serious Emotionally Disturbed children
- Compare treatment plan with actual services provided
- Determine relationships between:
 - Types and lengths of stay
 - Intensity of service
 - Test Scores



CMH Outcome Measures Lessons Learned

- Ensure copyright issues are resolved
- Business decided against the submission of the child's name due to potential data privacy issues
 - Not all have Minnesota Health Care Program Identification numbers
 - May find it difficult to track some of the children



CAPS Provider Portal Security Enhancements

- New provider portal functions brought increased urgency for role-based security
- Security enhanced for the entire provider portal, not just CAPS
- Needed to replace the current provider portal infrastructure as it reached its end of life



CAPS Provider Portal Security Enhancements

- Implementing role-based security
 - DHS will determine which applications providers have access to
 - Health Information Request for clinicians
 - Children’s Mental Health (CMH) Outcome Measures for CMH providers
 - Providers can restrict security to certain staff
 - Claims access for those who bill
 - Authorization letters for appropriate staff

CAPS Provider Portal Security Enhancements Issues

- Used open source software
- Had to rollback implementation of first phase due to software issues
- Cannot purchase support for this open source software
- Now will consider if support can be purchased to determine whether to utilize open source software

CAPS Lessons Learned

- Open source is not always business user friendly
 - May end up costing us time
- If we build it, will they come?
 - No state law requiring submission of electronic authorizations
 - Will primary care coordinators or others really utilize the Health Information Request?

CAPS Lessons Learned

- Grants come with timelines and business may not be ready
- Business ideas may be technically difficult to implement
 - Business wants may not always make sense technically
- Contractor's timeline driven by cost
 - Can be an issue if run into problems

CAPS Biggest Time Consumers

- Contracting process
 - Initial process
 - Several amendments
 - Involves other agencies
- Internal turf issues
 - Software solutions

CAPS Recommendations

- Involve users in all aspects of the project
 - Requirements gathering
 - User Experience Design
 - Testing
- Provider marketing and training needed to promote and encourage use

CAPS Recommendations

- Collaborate with the vendor as a partner
 - Integrate state development staff with vendor staff during the development phase
 - Further integration with each phase of the project
 - Encourage state developers to fix bugs during testing phase to increase knowledge
 - Build knowledge transfer into the contract
- Opportunity for state staff to learn newer technology