

# **New MMIS Certification Review Criteria Out with the Old - In with the New**

2006 MMIS Conference  
Wednesday,  
September 27, 2006  
10:30 to Noon  
Pat Katzenberger, CMS

# Presentation Overview

**Part I: Refresher on CMS' approach to future MMIS Certification Reviews**

**Part II: Expanded Certification Process; New Checklists and New Instructions**

**Part III: When will all this take place?**

**Part IV: Questions/Answers**

# Part I: Refresher on CMS' approach to future MMIS Certifications

# MMIS Certification Checklist Evolution



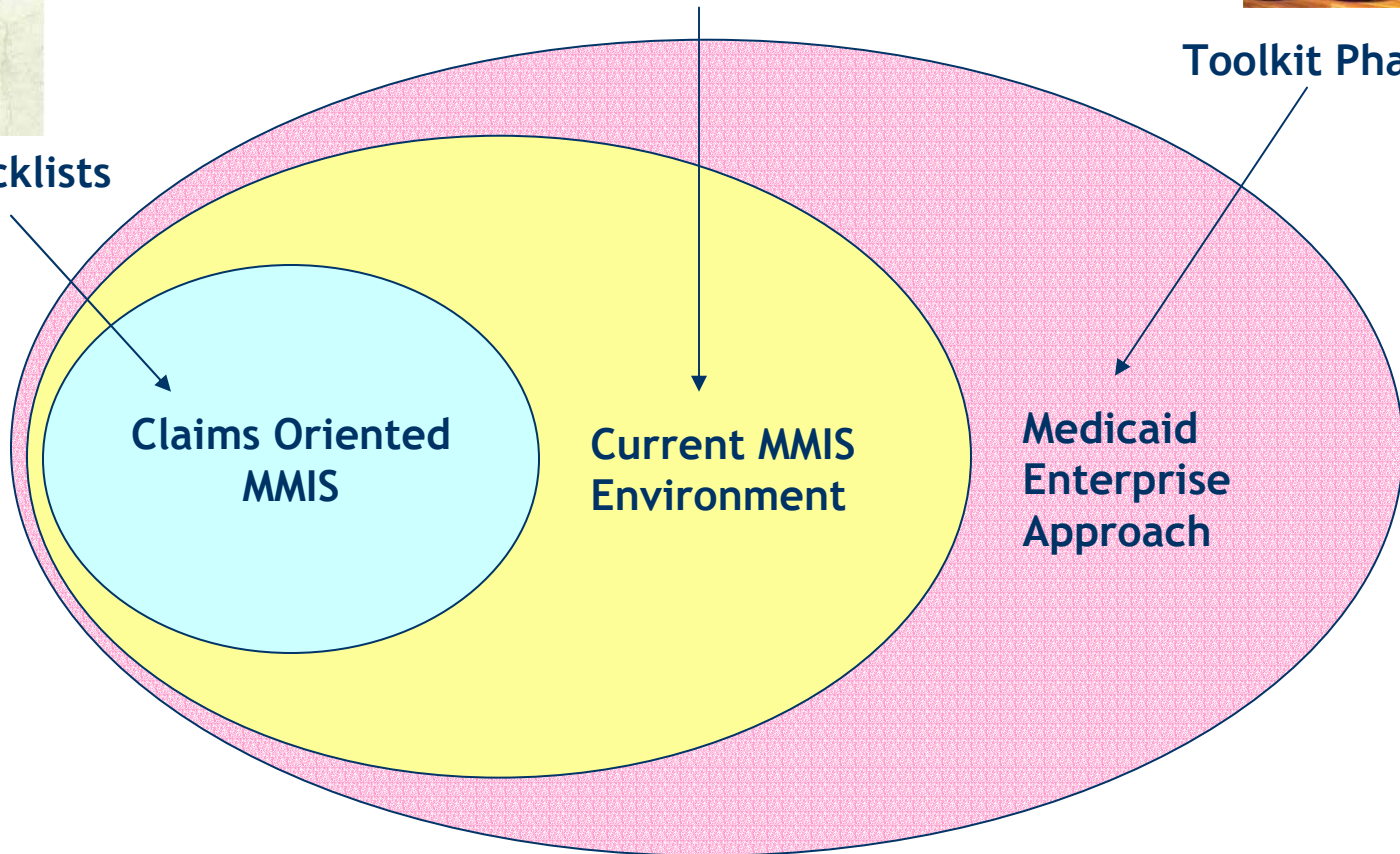
Original Checklists



Toolkit Phase I



Toolkit Phase II



Mid 70's

2006

To Infinity and Beyond!

# Benefits of the New Approach

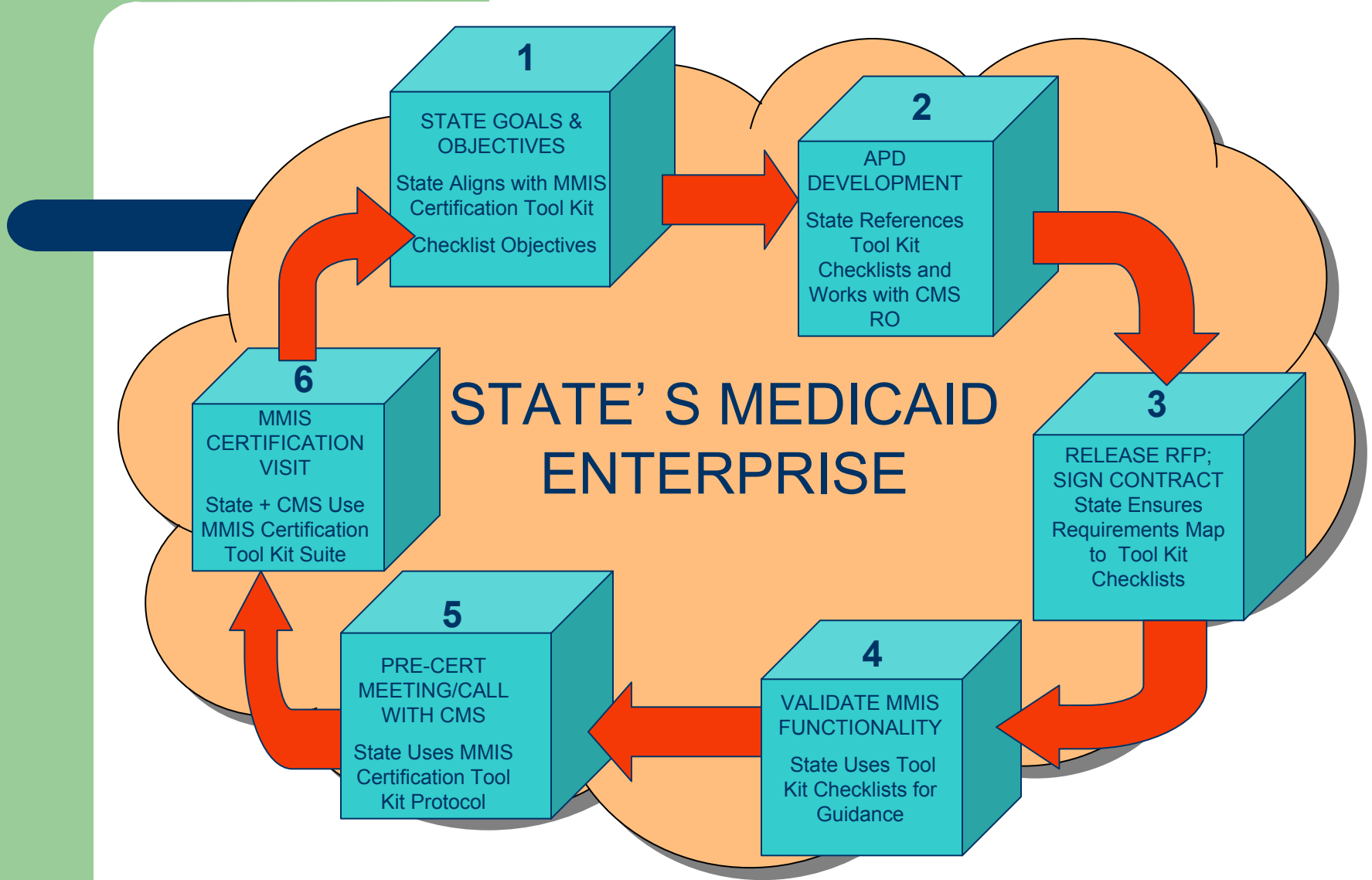
- Better communication
- Better organized
- Better documentation that system functionality is present and meets all Federal and State requirements
- Comprehensive set of user friendly checklists that include all Federally required business areas as well as State optional business areas (Immunization Registry, Data Warehouses/Decision Support systems, etc.)
- Easy access to Toolkit via CMS' Web  
<http://www.cms.hhs.gov/MedicaidInfoTechArch/>

## **Part II: Expanded Certification process; new Checklists and new Instructions**

**Why CMS developed the new Medicaid Enterprise Certification Toolkit (Toolkit for short)?**

- **Develop a stronger team approach**
- **Holistic view of the MMIS from inception to certification and beyond**

# ROADMAP TO A SUCCESSFUL MMIS IMPLEMENTATION



# Subsystem

Recipient Subsystem

Provider Subsystem

Reference Subsystem

Claims Subsystem

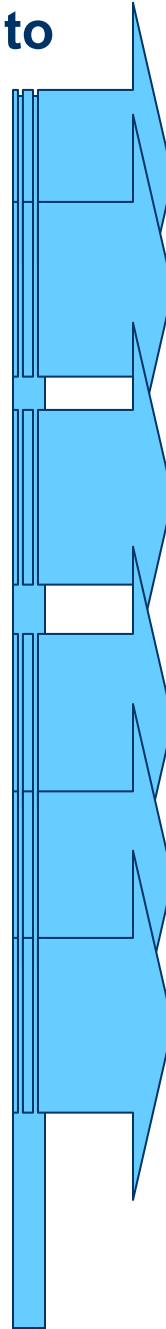
TPL

MARS

SURS

Managed Care

to



# Business Areas

Beneficiary Management

Provider Management

Operations Management

- Reference
- Claims
- TPL

Program Management

- Federal Reporting
- DW/DSS

Program Integrity Mgt

Cross Cutting

- HIPAA
- Managed Care

Care Management

- Waivers
- Immunization

# The Medicaid Enterprise Certification Toolkit

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- Background
- Introduction
- Why design a new approach?
- Purposes of the new Toolkit

#### CHAPTER 2 : MEDICAID ENTERPRISE CERTIFICATION ROADMAP

- Milestones 1 – 6 on previous slide

#### CHAPTER 3 : PROTOCOLS

- APD Development and Review Protocol
- State Goal Setting Protocol
- CMS Certification Review Protocol

#### CHAPTER 4 : HOW TO CONSTRUCT AND MODIFY CHECKLISTS

#### CHAPTER 5 : CHECKLISTS

# What's New about the MMIS Certification Review Process

## Pre-visit Activities

- CMS encourages pre-visit meeting be held at CMS regional or central office. Video conferencing resources are available at some CMS offices
- State Overview now part of the pre-visit activities
- State completes and encloses checklists with their Request for Certification letter to CMS
- State prepares folders containing applicable checklists which documents that requirements are met prior to arrival of the CMS review team

# What's New about the MMIS Certification Review Process (continued)

## On-site visit

- First day activities exclude State Overview
- CMS review team validates information provided by the State on the new checklists
- While States must complete all applicable areas of all applicable checklists, CMS' review team will focus on particular State programs

# What's New about the MMIS Certification Review Process (continued)

## Post visit

- State maintains up-to-date information in the checklists
- Checklists serve as a snap-shot of your current MMIS

# MMIS Certification – A New Approach

Original Subsystem Orientation	New Business Area Orientation	
6 – 8 Checklists (one per subsystem)	Business Area	New Checklists, several per BA <sup>11</sup>
Recipient	Beneficiary Management	Beneficiary Management*
Provider	Provider Management	Provider Management*
Claims Processing	Operations Management	Claims Receipt* Claims Adjudication* Pharmacy Point of Service (POS) ** Financial Management**
Reference	Operations Management	Reference Data Management*
MARS	Program Management	Program Management** Federal Reporting** Decision Support/ Data Warehouse**
SURS	Program Integrity Management	Program Integrity Management**
TPL	Operations Management	TPL**
Managed Care	Care Management	Managed Care Organization** PCCM & Gatekeeper** PIHP & PAHP** Managed Care Enrollment**
None	New	Home & Community-Based Waivers** Immunization Registry – MMIS Interface** Immunization Registry – Medicaid Owned** Privacy** Security**

# Sample Checklist

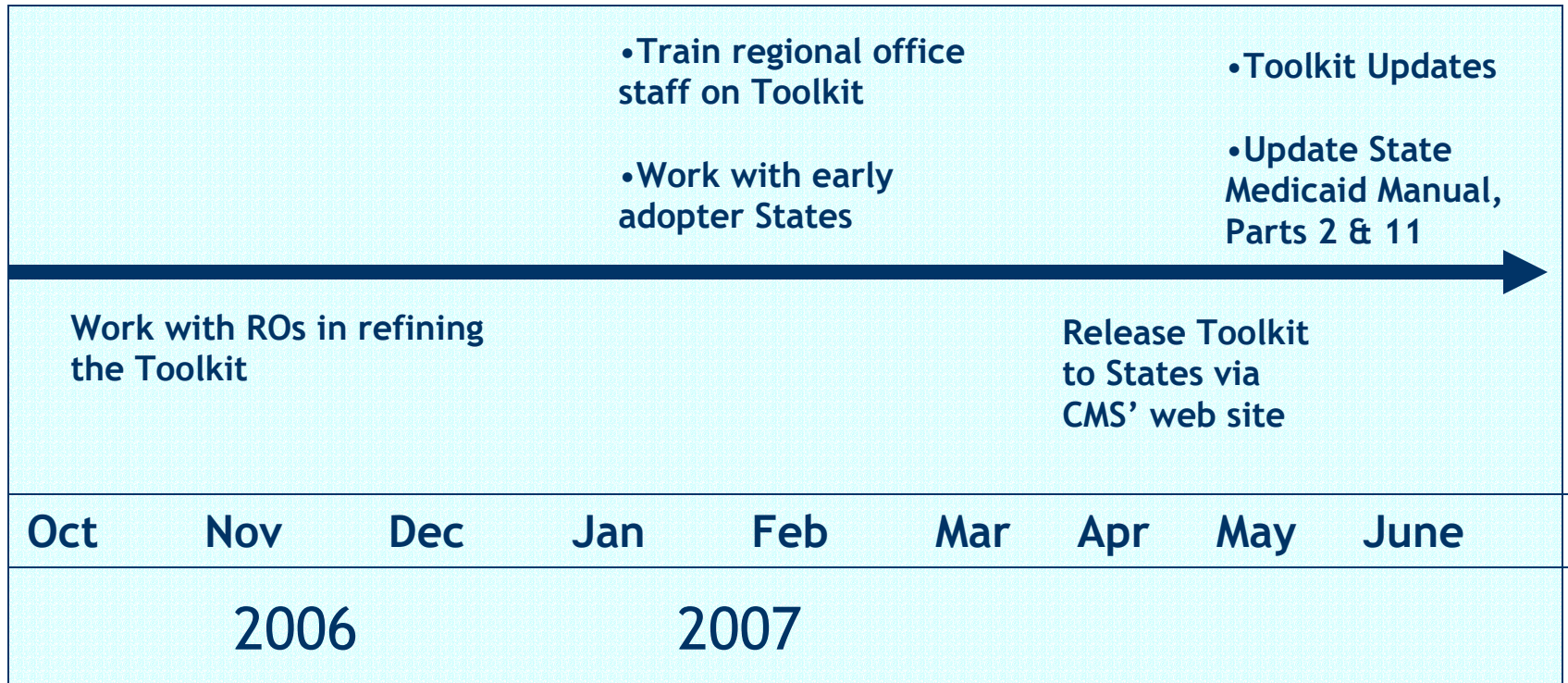
STATE:	DATE OF REVIEW:	REVIEWER:
<b>PROGRAM INTEGRITY ANALYSIS (PI) CHECKLIST</b>		
Reference #	Business Objectives	
PI1	Improve delivery of health care and program integrity by eliminating fraud and abuse through analysis of provider performance.	
PI2	Improve delivery of health care and program integrity by eliminating fraud and abuse through analysis of beneficiary utilization.	
PI3	Support analysis of and provide reports for fraud and abuse analysis and investigations.	
PI4	Identify and analyze program trends and directions in provider, beneficiary, and service type utilization and costs.	
SS1	<b><i>Add State-Specific Business Objectives for the Program Integrity business area here</i></b>	

# Detailed Criteria Associated with Objective

## PI1 – IMPROVE DELIVERY OF HEALTH CARE AND PROGRAM INTEGRITY BY ELIMINATING FRAUD AND ABUSE THROUGH ANALYSIS OF PROVIDER PERFORMANCE

Reference #	System Review Criteria	Source
PI1.1	Produces automated comprehensive statistical profiles of provider health care practices by peer groups for all types of service(s) authorized under the Medicaid program.	<ul style="list-style-type: none"> <li>• SMM Part 11 v1.1/11335 -               <ul style="list-style-type: none"> <li>○ First bullet <i>Text: Develop a comprehensive statistical profile of health care delivery and utilization patterns established by provider and recipient participants in various categories of services authorized under the Medicaid program.</i></li> </ul> </li> </ul>
PI1.2	Automatically identifies deficiencies in level of care or quality of care by type of provider.	<ul style="list-style-type: none"> <li>• SMM Part 11 v1.1/11335 - Surveillance and Utilization Review (SUR) Subsystem, A. Basic Functions and Objectives               <ul style="list-style-type: none"> <li>○ Third bullet <i>Text: Provide information which reveals and facilitates investigation of potential defects in the level of care and quality of service provided under the Medicaid program.</i></li> </ul> </li> <li>• “Type of Provider” not explicitly addressed in SMM Part 11 v1.1/11335. Is it implied by the following from SMM Part 11 v1.1?:               <ul style="list-style-type: none"> <li>○ 11335 - Surveillance and Utilization Review (SUR) Subsystem, B. Ancillary Functions and Objectives, ninth bullet?</li> </ul> </li> </ul>
PI1.3	Automatically reports on the details of the practice of providers identified as exceptions or outliers.	<ul style="list-style-type: none"> <li>• SMM Part 11 v1.1/11335 - Surveillance and Utilization Review (SUR) Subsystem</li> </ul>

# Part III: When will all this take place?



# Part IV-Questions/Answers

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