

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

Medicaid Systems Project

Impact of Implementation Schedule Delay

This document is a preliminary analysis of the delay to the Medicaid Systems Project schedule and the impact the delay will have on services provided by the Department of Human Services.

CONTENTS

Budget to Date	3
Impact on Providers	4
Impact on Medical Services Operations	5
Hospice for Children Waiver	5
Autism Waiver	5
Minimum Data Set Update	5
Future Federal Issues	5
Other state MMIS implementations/certifications.....	6
Nebraska.....	6
Oregon.....	6
Maine	6
Washington	6

BUDGET TO DATE

Description	PLANNING	PHASE I		PHASE II		Budget Carried into 2009-2011 Biennium
	2003-2005 Biennium Expenditures	Total Project Budget	2005-2007 Biennium Expenditures	2007-2009 Biennium Expenditures	Total Expenditures	
Total Medicaid System Project	987,637	62,529,371	8,789,784	23,505,312	32,295,096	30,234,275
General Funds	100,755	3,643,133	-	2,647,098	2,647,098	996,035
Federal Funds	886,882	55,218,418	7,782,187	20,802,380	28,584,567	26,633,851
Other Funds	-	3,667,820	1,007,597	55,834	1,063,431	2,604,389
Total	987,637	62,529,371	8,789,784	23,505,312	32,295,096	30,234,275

IMPACT ON PROVIDERS

The current system is antiquated and inflexible.

- Provider payments can be delayed when special handling is required. This is often due to the fact that the current system is limited and human intervention is needed.
- Providers cannot check claims status online (must call with issues and often are sent to a voice messaging system and need to wait for response from state staff).
- Issue resolution is often tedious and time consuming for both provider and state staff.
- Inability to respond to new service requirements in a timely manner due to inflexibility of current system. Many changes are hard coded and difficult to test, thus delaying implementation and ultimately the benefits associated with the system changes.

IMPACT ON MEDICAL SERVICES OPERATIONS

HOSPICE FOR CHILDREN WAIVER

This waiver will allow regular medical coverage in addition to hospice care for children. The hospice waiver will require MMIS coding changes including specific service codes; the addition of screening codes to indicate participants are on the waiver; new provider types and payment methodologies; and reporting changes.

Impact: Will need to modify the current system to allow for this waiver to take effect 7/1/2010.

AUTISM WAIVER

This waiver will allow children (0 to 5) to access services they are otherwise not eligible to receive through the Traditional DD Waiver. The Department expects the autism waiver to require MMIS coding changes including specific service codes; the addition of screening codes to indicate participants are on the waiver; new provider types and payment methodologies; and reporting changes.

Impact: Will need to modify the current system to allow for this waiver to take effect 7/1/2010.

MINIMUM DATA SET UPDATE

The Minimum Data Set (MDS) represents the classification methodology used to assess the acuity of nursing home patients. Federal changes are being promulgated that will require modifications to our current system.

Impact: DHS will need to modify the current system to allow for this change to be effective, as required, on October 1, 2010.

FUTURE FEDERAL ISSUES

At this time, there is uncertainty about the implications to the Medicaid program because of Health Care Reform and Health Information Exchange initiatives.

Impact: The delay will result in a resource strain for staff that will be needed to design and implement Medicaid-related Health Care Reform and Health Information Exchange initiatives at the same time that MMIS testing and implementation are occurring.

OTHER STATE MMIS IMPLEMENTATIONS/CERTIFICATIONS

NEBRASKA

OREGON

MAINE

WASHINGTON
