

**Department of Human Services  
Information Technology Committee  
Representative Mark Owens, Chairman  
June 21, 2016**

Chairman Owens, members of the Information Technology Committee, I am Jenny Witham, Director of Information Technology Services for the Department of Human Services (DHS). I appear before you to provide a status of the eligibility systems modernization project and an overview of the functionality of the Medicaid Management Information System, including reporting capabilities, data entry efficiencies, and claims processing efficiencies.

**Eligibility Systems Modernization Project Status**

The first phase of the project, the implementation of Medicaid eligibility determination for individuals under the Affordable Care Act, went live on February 8, 2016. With this implementation, DHS provided a Self-Service Portal for the public to apply for health benefits and a County Eligibility Worker Portal for county workers to determine eligibility, provide notice to applicants, interface with the Federal Facilitated Marketplace, and transfer authorized clients to the Medicaid Management Information System for enrollment.

DHS is currently planning for the second phase of this project, which includes the implementation of eligibility determination for Medicaid Aged, Blind and Disabled clients, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Child Care Assistance Program, and the Low Income Home Energy Assistance Program. At this time, DHS is anticipating a go-live in third quarter of 2017.

## **Medicaid Management Information System Functionality**

The ND Health Enterprise Medicaid Management Information System (MMIS) implementation is in the ninth month of operations. Thirty-seven provider payment cycles have been completed and over 3.2 million claims have been received and processed.

Enhanced reporting capabilities include real-time monitoring of workload assignments that enable claims adjudication efficiencies. With improved optical character reading and real time validations, the manual processes inherent in paper claims have been optimized. DHS has seen an overall decrease in the number of paper claims submitted as providers are utilizing the ability to submit claims through the web portal. Additional benefits for the providers include the ability to check their claims status online, rebill immediately, adjust claims through the web portal, and online remittance advice.

The Department is continuing to work with Xerox on outstanding issues that are affecting provider payment. We are resolving known system defects related to Primary Care Provider referrals, recipient liability, member eligibility, and mass adjustments. Each of these issues has a resolution that is scheduled for deployment over the next few months.

If you have any questions, I would be happy to address them at this time.