

Project Name: Master Client Index (MCI) – Phase II

Agency: Department of Human Services

Business Unit/Program Area: Medical Services Division / Decision Support Services Division

Project Sponsor: Maggie Anderson/JoAnne Hoesel/Brenda Weisz

Project Manager: Brenda Bulawa

Project Description

The Master Client Index project will provide the base architecture needed to create a single client view across DHS services and programs. The primary focus of this initiative is to enable the sharing of member information with the new Medicaid Management Information System but the base architecture will be extendable to all DHS applications and programs.

Phase I was the purchase of the commercial off-the-shelf software from Initiate Systems.

Business Need or Problem

Currently DHS is limited in its ability to share information regarding clients interactively amongst its service programs. Many of the interfaces are written as direct reads from one system to the next limiting the reuse of such information exchanges. Additionally, it is challenging to generate unduplicated counts of client interactions with various services. A key component of this project will be the creation of a single master client identifier. With the linking of a common client identifier our ability to analyze trends across our systems will be greatly enhanced as well as provide a more accurate means for monitoring data quality.

Key Metrics

Project Start Date	Estimated Length of Project	Estimated Cost
07/01/2008 – Phase II	16 Months	\$686,603

Benefits to Be Achieved

Project Objectives	Measurement Description
Enumerate the clients contained within the ES100000 data source into the MCI product. The ES100000 source contains client records for Child Support Enforcement, Child and Family Services programs, Developmental Disabilities, Medicaid, Food Stamps and Temporary Assistance for Needy Families. The additional source of Vocational Rehabilitation will also be added in this first data load.	Appropriate business process and associated responsibilities will be documented to provide guidance during the initial data load and for ongoing quality assurance functions.
Integrate the use of the MCI into current system operations to reduce creation of new duplicate client records and continued quality improvement of existing records.	System reports that identify potential duplicates that are generated through the registration process will be monitored to ensure that client matches are correctly identified. The number of missed matches found through this process will diminish as the product is integrated across all systems. For duplicates that are identified in systems not controlled by the executing program staff, the product will provide a means to alert the owner of the data to indicated questionable demographic data associated with the existing registration.
To provide for cross-program analysis led by the Department's Decision Support Services Division.	The capacity to create these reports within the Research Division will be measured by the competency and the ability of the staff to execute in a production environment after completing the designated training. The number of new reports created using cross-program data will be added to the

	performance measure statistics currently maintained by the Decision Support Services Division.
To be better prepared for emerging e-Health initiatives by providing a secure mechanism to interact with clients and private sector providers regarding client health information.	DHS is able to transmit data to appropriate entities while meeting all regulatory requirements.

Cost/Benefit Analysis

Initially the MCI will provide a single view of eligibility information. Currently, eligibility information is stored in four separate information systems. It is DHS intent to remove the need to understand how each of these systems is designed in order to request eligibility information. This service will first be deployed as a mechanism to share eligibility information with the new MMIS system, but this service will be usable by any system that would need such information. We will continue to expose our information system's capabilities as "services" to be called through this architecture, thus allowing for cleaner and reusable information sharing. With the implementation of the MCI, DHS will also increase its capability to create more meaningful analyses across our programs.

Other State agencies have expressed interest in MCI technology, there is potential for this to become an enterprise level product.

Key Constraints or Risks

Constraint

- Implementation and integration costs are expected and budgeted to be \$1,000,000 in the 2007-2009 biennium; inclusive of ITD and Initiate Systems costs for the implementation of the Initiate Identity Hub. This cost also includes the MMIS cost to build the Services Hub.

Risk

- The COTS product may not fulfill functionality requirements
- The costs of completing the overall project will be beyond the budget and available staff