# PROJECT CLOSEOUT REPORT

Submitted to Large Project Oversight on 09/18/2017

## GENERAL INFORMATION

**Program/Project Name:** Transformed Medicaid Statistical Information System (T-MSIS)
**Agency Name:** Department of Human Services
**Project Sponsor:** Doug McCrory
**Project Manager:** Kris Vollmer

## PROJECT BASELINES

| Original And Final | Project Start Date | Baseline Execution Start Date | Baseline End Date | Baseline Budget | Actual Finish Date | Schedule Variance | Actual Cost | Cost Variance |
|---|---|---|---|---|---|---|---|---|
| Original Baseline | 7/17/2014 | 11/1/2014 | 6/3/2015 | $967,216 | 6/13/2017 | 270.5% behind | $1,907,721 | 255.7% over |
| Final Baseline | | 11/1/2014 | 5/10/2017 | $1,937,496 | 6/13/2017 | 4.2% behind | $1,907,721 | 0.024% under |

**Notes:**

## MAJOR SCOPE CHANGES

| ID | Title | Cost/Budget Impact | Schedule Impact |
|---|---|---|---|
| 1 | Change to data extraction date start | $ 144,000.00 | No impact |
| | | | |
| 3 | CMS New Testing Requirements | $ 105,060.00 | 45 days of development work |
| 4 | Project completion extended as result of Enterprise delays | $ 37,080.00 | 7 month schedule extension (01/06/2016) |
| 5 | Additional Hours/Schedule Extension _ June 2016 | $ 188,953.00 | 6 schedule month extension (06/09/2016) |
| 6 | CMS New Requirements V2.0 | $ 121,128.00 | 3 schedule month extension (09/02/2016) |
| 7 | Add New Federal Category of Service Table to DW for T-MSIS Extracts | $ 17,613.00 | no schedule impact - 114 hours of developement |
| 8 | Additional Hours for CMS Tasks & Five Month Schedule Extension | $ 175,821.00 | 6 schedule month extension (03/20/2017) - 1138 hours |
| 9 | Additional PM time associated with CR8 | $ 25,286.00 | no schedule impact |
| 10 | Additional Time in Cross File, PORT and ORT_Truven | $ 180,624.00 | no schedule impact - 1135 hours |

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## PROJECT OBJECTIVES

| Business Objective | Measurement Description | Met/ Not Met | Measurement Outcome |
|---|---|---|---|
| Comply with federally required reporting standards by meeting statutory requirement Section 6504 of the Affordable Care Act | | Met | Complied with federal standards as described below. |
| | | | |
| BBA Section 4753(a)- | Requires states to submit electronic claims data transmission consistent with the MSIS as of 1/1/1999. | Met | Deliver T-MSIS extracts electronically. |
| ACA Section 6402(c) | Provides for withholding federal matching payments for medical assistance to States that fail to report enrollee encounter data in the Medicaid Statistical Information System (MSIS) in a timely manner | Met | Deliver T-MSIS extracts in a timely manner, report all managed care encounter data provided and pass to the decision support system. |
| ACA Section 6504(a) | Data submitted to CMS after 1/1/2010 must include elements CMS determines necessary for program integrity, program oversight, and administration to receive Federal Financial Participation (FFP). | Met | Meet the current T-MSIS requirement and future requirements as needed. |
| ACA Section 6504(b) | Mandates a service entity provide sufficient patient encounter data to the State to identify the physician who delivers services to patients, and that the provision of such data to the State is at a frequency and level of detail to be specified by CMS. | Met | Ensure T-MSIS extracts provide sufficient patient encounter data as defined in the requirements. |

| | | | |
|---|---|---|---|
| ACA Section 402(c) | Provides for improvement to the timeliness of reporting and analyzing data related to the enrollment and eligibility of children under Medicaid and the Children's Health Insurance Program (CHIP). | Met | Deliver T-MSIS extracts electronically, consistent with Federal requirements. |
| ACA Section 4302 | Identifying, collecting, and evaluating health disparities data under Medicaid and CHIP on the bases of race, ethnicity, sex, primary language, and disability status. | Met | Ensure T-MSIS extracts contain all available data. |
| ACA Section 2602 | Mandates that States support the office specifically established under ACA for providing federal coverage and payment coordination of dual-eligible beneficiaries. | Met | Ensure that dual-eligibles are included in the T-MSIS extracts as defined. |

## POST-IMPLEMENTATION REPORT

Post-Implementation Reports are performed after a project is completed. A "PIR" is a process that utilizes surveys and meetings to determine what happened in the project and identifies actions for improvement going forward. Typical PIR findings include, "What did we do well?" "What did we learn?" "What should we do differently next time?" Notable findings are presented in this closeout report.

**Lesson learned, success story, ideas for future projects, etc.**

There was a lot of flexibility and adapting to changes on the fly by the project team; everyone "rolled with the punches". Truven had a lot of work related to specification and crosswalks done in advance to minimize state staff time; they were n was conscientious about time and project funds. The small team made communications smooth and kept the project moving along.

Submission of the "catchup files" finished several months earlier than expected. The most recent baselined schedule identified the submission of the final catchup files scheduled for October 2017, making the October 2017 file (to be submitted in November 2017) the first regular file submission. The actual final catchup file was submitted on August 24, 2017, making the August 2017 file (to be submitted September 20, 2017) the first regular file submission.

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| What Went Wrong? or What Went Right? | Lesson Learned<br>(What behavior/action would have prevented or improved things? or What behaviors/actions should be repeated to promote success?) |
|---|---|
| Shortage of DHS resources | State resources were stretched between numerous predecessor projects, including MMIS (Health Enterprise) and Eligibility |
| Changing CMS requirements | CMS added new requirements and scope several times throughout the project, increasing cost and extending the implementation schedule. We could not have avoided this, however, we were able to address the changes as part of the implementation and as a result had minimal issue to address post-go live. |
| CMS assigned Technical Analyst | The original technical analyst the CMS assigned to the state was removed and a new analyst assigned at the request of the state team. The initial technical analysist often provided conflicting and/or confusing information that led to unnecessary research by the Truven team. |
| Changing CMS testing and validation requirements | Changes to the testing requirements and the validation requirements (additional PORT cycles) were brutal on the Truven resources. States that had gone live before the validation changes are now having to go through rigorous quality reviews; we are not. |
| Health Enterprise (MMIS) Go-live | Delays with Health Enterprise moving to production had a negative impact on the TMSIS schedule and the shared resources. TMSIS was/is dependent on the data contained within Health Enterprise being moved into the data warehouse for extraction. The Health Enterprise delays added cost and seven month delay to the project. These could have possibly been avoided had the project been able to hold until after Health Enterprise was live. |