# Project Startup Report
## Presented to the IT Committee April 2015

**Project Name:** Transformed Medicaid Statistical Information System (T-MSIS)

**Agency:** Department of Human Services

**Business Unit/Program Area:** Medical Services - Medicaid/CHIP

**Project Sponsor:** Julie Schwab, Doug McCrory

**Project Manager:** Kris Vollmer

| Project Description |
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Transformed Medical Statistical Information System (T-MSIS) is an expansion of the existing Centers for Medicaid & Medicare (CMS) MSIS extract process.  T-MSIS is mandated by CMS and the Affordable Care Act (ACA).  It is an extension of current decision support and data warehouse systems. Under the existing MSIS extracts the State submits five extracts to CMS on a quarterly basis; under the new T-MSIS extracts the State will submit eight extracts on a monthly basis.

North Dakota Department of Human Services (DHS) is currently replacing their existing Medicaid Management Information System (MMIS) with a new system called Health Enterprise Medicaid Management Information System (HEMMIS). This system is being built by the Xerox Corporation. Concurrent with the replacement of the MMIS, DHS is also implementing a Data Warehouse (DW) that is currently being built by Truven Health Analytics. The State has requested funds from CMS to pursue a contract with Truven to develop Transformed Medical Statistical Information System (T-MSIS) extracts from the Data Warehouse which the HEMMIS will feed along with other DHS systems. The state would use CMS funding to analyze and develop the T-MSIS data requirements implemented by CMS, Section 6504 of the Affordable Care Act.

| Business Needs and Problems |
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As part of CMS plans to improve and expand upon their Medicaid data repository, States are required to augment their current MSIS data extracts, this is called T-MSIS. In North Dakota's case, the entire design will need to be built using data from the Health Enterprise Medicaid Management Information System (HEMMIS).

1. Comply with federally required reporting standards.
2. Meet statutory requirement section 6504 of the Affordable Care Act

| Key Metrics | | |
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| Project Start Date | Project End Date | Original Baseline Budget |
| 11/01/2014 | 06/03/2015 | $967,216 |

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| Objectives | | |
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| Federal T-MSIS Requirement | Project Objectives | Measurement Description |
| BBA Section 4753(a) | Requires states to submit electronic claims data transmission consistent with the MSIS as of 1/1/1999. | 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 | 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). | 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. | 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). | 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. | 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. | Ensure that dual-eligibles are included in the T-MSIS extracts as defined. |

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| Cost/Benefit Analysis |
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The following was used as budgeting guideline during the planning phase of the project:

- The budget estimate approved by DHS was in the amount of $967,216
  - $531,000 contract for Truven implementation services
  - $293,000 contract for Truven 12 monthly submissions
  - $47,685 for ITD Software Development support
  - $95,531 for State Project Manager
- The implementation budget approved by CMS was in the amount of $1,158,380
  - This was reflective of a 90% or 75% Federal share as appropriate for Medicaid and a 71% Federal share for CHIP; equaling a total Federal share of $932,786. The details can be found in the APD approval letter.
- An IAPDU will be prepared to reflect the any changes in estimated costs not included in the IAPD.

| Key Constraints or Risks |
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Risk 1: DHS and ITD resource shortages

Impact: Lack of resources and support could delay or derail the project.

Response: During planning, analyze staffing needs and make any necessary changes when possible and develop a closely aligned schedule and communication strategy with the MSP project and other DHS priorities.

Risk 2: Conflicts with Medicaid System Project (MSP) schedule or scope

Impact: Conflicts or complexities could delay or derail the project. T-MSIS implementation relies on the implementation of HEMMIS.

Response: Analyze MSP schedule or scope changes for impacts and make any necessary changes when possible and develop a closely aligned schedule and communication strategy with the MSP project.

Risk 3: CMS changes to T-MSIS data requirements

Impact: T-MSIS implementation relies on the CMS data requirements known at the time of contract execution. CMS changes to data requirements may result in additional project scope or changes to the defined project.

Response: Analyze CMS data requirement for potential scope changes that will impact schedule and budget. Ensure that Contractor and State fully understand all impacts, initiate change requests as necessary along with communicating change impacts back to CMS via Implementation Advance Planning Document updates (IAPDU) and quarterly reports.

Risk 4: New eligibility system for MAGI

Impact: The current system of record for eligibility determination of ACA clients is not populated into the data warehouse; it is unknown which fields will be needed for T-MSIS at this time.

Response: Review contractor mapping document and CMS requirements to determine gaps.