

Montana Healthcare Programs Modularity Blueprint Overview

Montana Department of Public Health and Human Services

The Department of Public Health and Human Services (DPHHS) is procuring software, components and services to replace the State’s aging legacy Medicaid Management Information System (MMIS). DPHHS will obtain discrete modules that align with the Final Rule for Mechanized Claims Processing and Information Retrieval Systems as described in [42 CFR 433.111](#), along with successfully meeting the goals and business needs identified by DPHHS during the modularity planning process.

MODULARITY APPROACH AND BLUEPRINT

MODULARITY APPROACH

DPHHS has adopted a modularity component/services blend approach to procuring new systems and services to support the Medicaid modernization effort. This approach will result in multiple, strategically timed procurements and implementations that are collectively referred to as the Montana Program for Automating and Transforming Healthcare (MPATH). A modular component/services blend approach allows the state to focus on best of breed functionality versus best of suite to meet the “to be” business objectives defined in the Montana MITA 3.0 State Self-Assessment. Montana believes that this approach expands the universe of available vendors as opposed to the traditional monolithic MMIS Replacement approach. The modularity component/services blend approach is also aligned with the principles behind the Standards and Conditions for Medicaid outlined in MECT 2.0 and further clarified in SMD #16-010. The very nature of this approach promotes modularity, interoperability, aligns with MITA and Business Results conditions as well as optimizing the state’s ability to meet the industry standards condition.

MODULARITY BLUEPRINT

The State developed the MPATH blueprint through a number of modularity planning and decision meetings with stakeholders, guidance received from CMS, discussions with industry vendors, and through collaboration with other States’ Medicaid Programs. The Blueprint of the planned modules is illustrated in Figure 1 to replace the legacy Montana Healthcare Programs Enterprise components. Figure 2 represents the timeline of the overall Medicaid modernization effort.

Figure 1 MPATH Modularity Groups

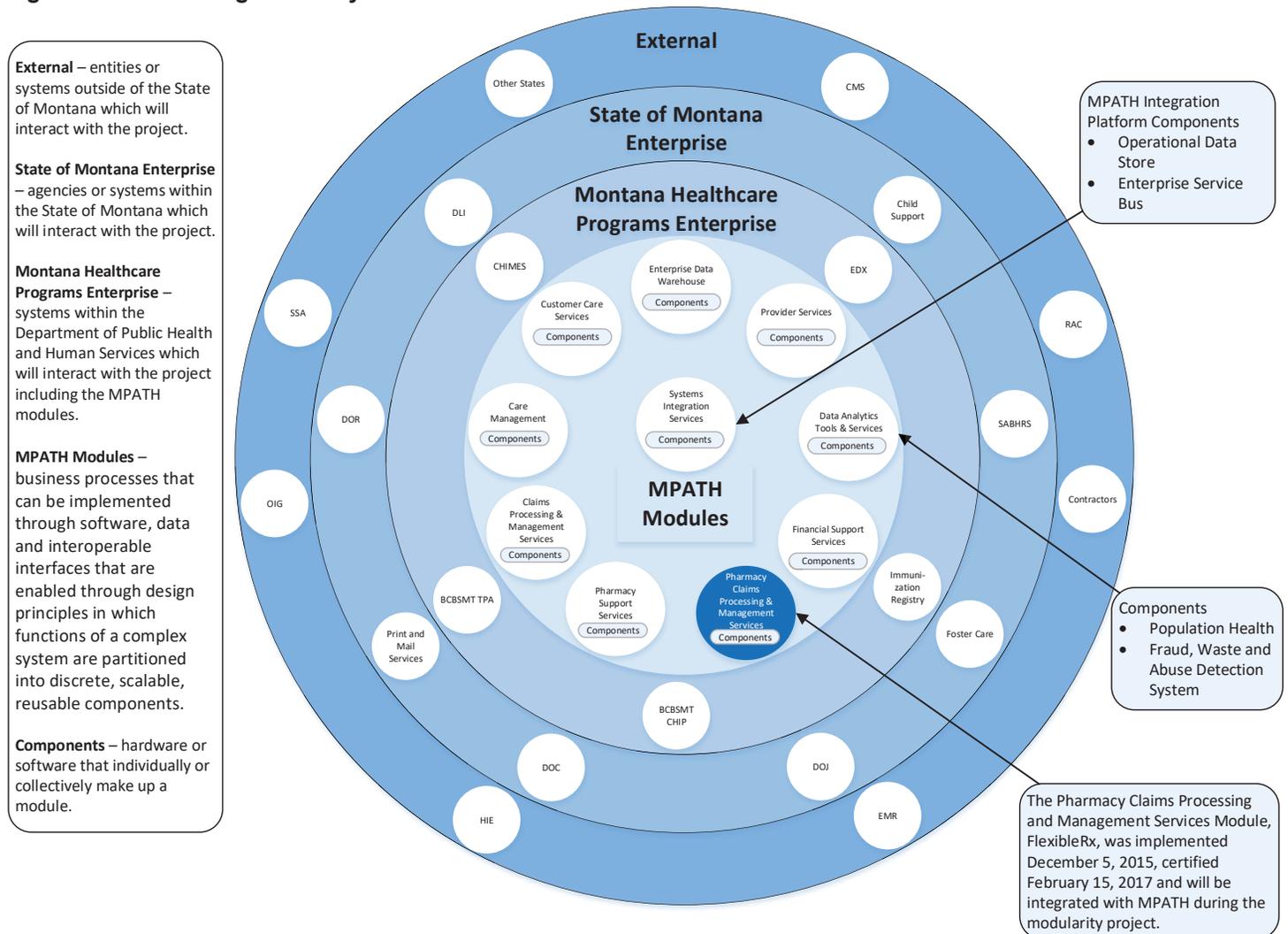


Montana Program for Automating and Transforming Healthcare (MPATH)

MONTANA PROGRAM FOR AUTOMATING AND TRANSFORMING HEALTHCARE (MPATH) MODULES

The MPATH modules and components will be integrated with the overall Montana Healthcare Programs Enterprise, the State of Montana Enterprise, and other External stakeholders and entities to create standardized, automated electronic data exchanges to enable enterprise wide program management and maximize interoperability through integration. The MPATH Integration Layer graphic in Figure 3, illustrates the integration/transactional relationships between the MPATH components and modules and the various entities that are related by shared business processes.

Figure 3 MPATH Integration Layers



Systems Integrator (SI)

The state will obtain Systems Integration Services. Systems Integration Services will encompass three areas of the modularity technology platform; interoperability and enterprise integration, technical coordination, and the creation and maintenance of the operational data store. The systems integrator will provide an enterprise technology platform and a diverse and flexible set of integration and interoperability

Montana Program for Automating and Transforming Healthcare (MPATH)

services which are needed to support a variety of infrastructures, applications and technical solutions. The system integrator will also provide real-time web based entry and maintenance of member and benefit plan information for select Montana Healthcare Programs and support the receipt and creation of X12 transactions. Finally, the system integrator will provide Master Client Index functionality to uniquely identify and manage members and other entities through the Montana Healthcare Programs enterprise.

Provider Services (PS)

The state will obtain a Provider Services module. The Provider Services vendor will need to provide a modern, web based self-service solution that allows healthcare providers (which includes but is not limited to; physicians, hospitals, nursing homes, pharmacies and durable medical equipment) to enroll with Montana Healthcare Programs to provide healthcare services to thousands of Montanans covered by Montana Healthcare Programs. The solution will also allow providers to view and maintain their information on file (e.g., address, licensure and group affiliations) and revalidate their enrollment details online.

Enterprise Data Warehouse (EDW)

The Department will receive Data Warehouse Services from the State of Montana Department of Administration (DOA), State Information Technology Services Division (SITSD) to establish an Enterprise Data Warehouse (EDW) for the Montana Healthcare Programs enterprise. The Enterprise Data Warehouse (EDW) will serve as a central repository for all Montana Healthcare Programs Enterprise data and it will provide decision makers timely, accurate and consistent access to information. The EDW will provide integrated program data which will provide the State's Medicaid Program with enhanced abilities to gain insights into outcomes and anticipate future needs.

Data Analytics Services and Tools (DA)

The state will obtain Data Analytics Services and Tools to be integrated with the centralized Enterprise Data Warehouse repository of enterprise data for data aggregation, reporting, and analytics. It will enable the creation of comprehensive statistical profiles of healthcare delivery and utilization by both providers and members. These tools and services will provide comprehensive analytical reporting, budgeting, forecasting, and daily program monitoring.

Financial Support Services (FSS)

The state will obtain a Financial Support Services module. This will translate information received from the various Montana Healthcare Programs systems (including multiple payer systems) and assign DPHHS-defined account coding for integrated financial reporting. It will serve as an intermediary between the Department's payment systems and the State of Montana's Statewide Accounting, Budgeting and Human Resource System (SABHRS) and Accounts Receivable Management System (ARMS). It will support financial transaction processing and reconciliation for both claims and non-claims expenditures.

Claims Processing and Management Services (Claims)

The state will obtain a Claims Processing and Management Services module. This module will support the receipt, adjudication and editing, pricing (using Montana Healthcare Programs approved reimbursement methodologies), and payment for health care claim types including (but not limited to): physician, hospital, outpatient, nursing home, dental, vision, transportation, disability services, mental health (adult and children), and waiver services. During claims adjudication this module will also process service authorizations, third party insurance liability, and calculate member liabilities including cost share and cost share coordination between multiple payers. This module will be configurable and flexible in order to support claims processing for multiple programs. Claims will be adjudicated "real-time" and process payments and remittance advice daily (or at an interval determined by the state).

Montana Program for Automating and Transforming Healthcare (MPATH)

Care Management Services (CM)

The state will obtain a Care Management Services module. This module will support activities to improve member healthcare outcomes and reduce healthcare costs for Montana Healthcare Programs by helping members and caregivers more effectively manage health conditions. The care management module will utilize defined criteria to identify members for specific programs, coordinate care for members enrolled in individual or multiple care management programs and collect and report on treatment outcomes. The solution will need to support member outreach, configurable development of assessments, capturing and monitoring assessments and screenings, treatment plans, authorize services, and incident management and reporting. It will provide comprehensive case management and workflow to track a member's care from inception to conclusion with the tracking of key events being triggered based on the member's condition or type of services required.

Customer Care Services (CCS)

The state will obtain a Customer Care Services module. This module encompasses all aspects of the customer care experience for Montana Healthcare Programs providers and members prior to or following their enrollment in the Departments healthcare programs. The contractor is expected to provide a comprehensive suite of services, tools, and systems necessary to promote a positive customer care experience. Provider and member self-service supplemented by call center support is key to a successful and positive customer experience. Provider and member data will be available through a variety of secure customer self-service options such as website, mobile apps, and social media. Real-time account information will be accessible securely using various devices such as computers, tablets, and smartphones. Provider and member self-service options will be available across all platforms and provide a positive, comprehensive and seamless experience for all users.

Pharmacy Claims Processing and Management Services (PBMS)

FlexibleRx, the Pharmacy Claims Processing and Management Services module is an on-line, real time pharmacy claims adjudication system. Today, FlexibleRx receives member eligibility and provider information from the legacy MMIS. Adjudicated claims are sent to the MMIS for payment generation to providers. FlexibleRx was implemented December 2015 as the first legacy replacement module within the Montana Healthcare Programs Enterprise. FlexibleRx was certified by the Centers for Medicare and Medicaid Services (CMS) on February 15, 2017.

Quality Assurance/Quality Control Testing Services (QA/QC)

In order to ensure the quality and success of MPATH, the state will obtain a Quality Assurance/Quality Control (QA/QC) Testing services vendor. These services will meet Montana's need for comprehensive functional and non-functional testing, integration testing, parallel testing, and user acceptance testing support throughout each phase of the system development lifecycle for each module. The testing database(s) will be available for concurrent testing and other activities throughout the project.

EXCLUSIONS

The Montana Department of Public Health and Human Services (DPHHS) will release a number of RFPs for software, components and services to replace legacy Montana Healthcare Programs Enterprise components. Contractors awarded the Systems Integration Services, Quality Assurance/Quality Control Testing Services and Independent Verification and Validation Services contracts are precluded from bidding on any other module within the MPATH Program scope.

DPHHS developed prime contractor and subcontractor exclusions based on the August 16, 2016 State Medicaid Director letter (SMD # 16-010 CMS, RE-2392-F Mechanized Claims Processing and Information Retrieval Systems – Modularity). SMD letter #16-010 directs states to use an acquisition strategy that limits the potential for conflicts of interest Systems Integrators may encounter based on their specific scope of services by precluding them from bidding on other functional modules.



Montana Program for Automating and Transforming Healthcare (MPATH)

Additionally, DPHHS identified exclusions for the Quality Assurance/Quality Control Testing Services contractor to ensure independence from any and all module prime or subcontractors.

DPHHS used the following key principles to make exclusionary decisions:

- Eliminate potential conflicts of interest based on contractor roles.
- Minimize the dependence of DPHHS on individual contractors.
- Focus on a best of breed replacement strategy rather than a best of suite approach.

Table 1 details the mapping of module procurement vendor exclusions for MPATH. The exclusions identified in Table 1 apply equally to both prime contractors and subcontractors (e.g. if a company is part of the team that is awarded the Systems Integration Services contract, they are precluded from being able to participate as a prime contractor or as a subcontractor on the Provider Services module or any other MPATH module).

Table 1 MPATH Contractor Procurement Exclusions

Module Name	SI	QA/QC	PS	DA	FSS	Claims	CM	CCS	PSS	EDW
Systems Integrator (SI)	Open	Excluded	N/A							
Quality Assurance/Quality Control (QA/QC) Services	Excluded	Open	Excluded	N/A						
Provider Services (PS)	Excluded	Excluded	Open	N/A						
Data Analytics, Tools and Services (DA)	Excluded	Excluded	Open	N/A						
Financial Support Services (FSS)	Excluded	Excluded	Open	N/A						
Claims Processing and Management (Claims)	Excluded	Excluded	Open	N/A						
Care Management Services (CM)	Excluded	Excluded	Open	N/A						
Customer Care Services (CCS)	Excluded	Excluded	Open	N/A						
Pharmacy Support Services (PSS)	Excluded	Excluded	Open	N/A						
Enterprise Data Warehouse (EDW)	N/A	N/A								
Legend										
Excluded: Awarded vendor(s) are excluded from bidding on subsequent modules within the overall program.										
Open: Awarded vendor(s) are not excluded from bidding on subsequent modules within the overall program.										
N/A: Not applicable. Service will be provided by the State of Montana Information Technology Services Division.										