Office of Comprehensive Services

Report to the Governor and Chairmen of the House Appropriations and Senate Finance Committees

Transferring CSA Billing to the Department of Medical Assistance Services

May 2012

Report Mandate

During the 2011 General Assembly Session the following budget language was adopted and included within the Comprehensive Services Act's budget.

> *Item 274, "L. The Office of Comprehensive Services, in collaboration with the Department of Medical Assistance Services, shall explore the possibility of transferring the comprehensive services billing system to the Department of Medical Assistance Services. The Office of Comprehensive Services shall report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on the costs and potential savings of transferring the system, as well as a timeline for implementation, by October 1, 2011."*

Background

Exploration of the potential to transfer billing of services under the Comprehensive Services Act (CSA) to the Department of Medical Assistance Services (DMAS) was prompted by the desire to identify a method to improve the accountability, efficiency and predictability of public funds while maintaining the vision and the flexibility of the CSA program. The goal for this project was to identify whether the proposed change to billing practices would be an efficacious means by which to attain benefits such as the following:

- Improved accountability and integrity of the CSA program
- Centralized database for improved data mining analysis
- Enhanced ability to forecast future program needs
- Statewide standardization of CSA program policies and procedures
- Reduction in administrative program costs
- Reduction in administrative burden on localities

Discussion of Current Billing Systems

Billing under DMAS is conducted through the Medicaid Management Information System (MMIS). The MMIS is a complex, multifaceted system that warehouses all information related to providers, members, claims, finance, and reports within the Medicaid and Child Health Insurance Programs. While a majority of its claims processing is for payment of Medicaid services, the MMIS pays some "other" non-Medicaid claims such as Temporary Detention Orders. In addition, some of the service claims are also not typical medical or mental health services, such as those paid through community

based waiver programs and the "Money Follows the Person" program. The mechanics of the MMIS billing process are outlined in Appendix A.

The process for payment of services provided under the CSA is dependent upon the source of funds utilized for the services. Services planned and authorized through the CSA process may be funded by three sources including "CSA Pool Funds," "CSA Medicaid Funds," and Title IV-E funds. Depending upon the eligibility of the youth and the eligibility of the provider, some services may be funded by a single fund source or a combination of any of the three sources.

Services funded through "CSA Pool Funds" are paid at the local government level through an initial contract, purchase order, and invoice system. Local governments submit, at least quarterly, reimbursement requests to the Office of Comprehensive Services (OCS). These reimbursement requests contain aggregated data and are submitted via a web-based system. The mechanics of this process are outlined in Appendix B.

Services funded through Title IV-E funds are managed and paid through local departments of social services. Reimbursement requests are submitted to VDSS via the Local Automated System for Electronic Reimbursement (LASAR) system.

Services funded through "CSA Medicaid Funds" are authorized by the local CSA team, but private providers are enrolled to participate with Virginia Medicaid and submit federally standardized claims directly to DMAS for payment through the MMIS.

Activities Conducted to Examine the Efficacy of Transferring CSA Billing

DMAS conducted a GAP type analysis to identify the most significant challenges and barriers that would need to be overcome and what critical decision points and other information would be necessary to move the project forward. The results of this analysis are included as Attachment C.

OCS conducted focus group discussions with Community and Policy Management Team (CPMT) members and local government fiscal agents. DMAS was available to answer questions related to its current MMIS system at each of the focus group discussions. The questions identified in the analysis above guided these focus groups. The questions and the schedule of meetings are included as Attachment D.

Transition Issues and Challenges

There would be a significant and sizable cost impact for MMIS changes necessary to house CSA billing and administration. Federal match would not be available to support MMIS systems development for this project. At a minimum, significant development would be necessary in the MMIS to include:

- enhancements to the member, provider, and claims subsystems,
- development in the financial and service authorization subsystems and the reference file,
- enhancements to the web-based Automated Response System,

- enhancements to the phone-based provider applications.

Given the variety of claims that the MMIS currently pays, it appears CSA service claims could be accommodated, once systems development and enhancements were performed. The system enhancements required, however, would be significant and would require extensive standardization of CSA business rules and processes in order to be programmable, to make the upfront investment viable, and to keep ongoing operational costs within reasonable levels.

The system enhancement and maintenance for MMIS and operational support are provided by DMAS' fiscal agent Affiliated Computer Services (ACS) under two competitively bid contracts (Fiscal Agent Services and Provider Enrollment Services). The operational phase of the contracts began on July 1, 2010. The contracts provide for four base years plus additional option years. DMAS is budgeted to make MMIS enhancements that are related to the administration of the Title SIS and IIS programs. Enhancements to CSA would need to be budgeted separately and would not be entitled to federal matching funds. A separate contract to include dedicated resources above and beyond those already supporting the DMAS contracts would need to be established with the DMAS Fiscal Agent. Given the sizeable current federal and state mandates, any timeline for development in the MMIS would need to be scoped and scheduled to not disrupt other ongoing development efforts. It should also be noted that DMAS has a busy development schedule already in 2012 and 2013, preparing for the expected impacts of Medicaid Reform and the Affordable Care Act of 2010.

The necessary changes would essentially require the building of a new system within the existing MMIS infrastructure. Detailed requirement sessions would be necessary to determine how CSA envisioned the system operating, what current system edits would be leveraged, turned off, or created, and what programmable business rules to govern services would be used. Building the "new system within the existing system" would need to address business and technical challenges and associated risks for both CSA and DMAS operations. The table below includes a partial risk review based on the impact analysis done to date:

Challenge	**Risk**	**Potential Impact**
CSA local match payment model does not exist in MMIS reimbursement methodology	Will require significant changes to MMIS pricing engine.	Potential impact on both DMAS and CSA billing results
Not all CSA providers meet DMAS license or certification requirements; these valid, non-traditional providers (foster care, mom & pop, etc.) would be exceptions to the MMIS	Changes in the MMIS Provider module to handle exceptions would be required	Potential impact on DMAS on-boarding process for Providers; could trigger retraining or reenrollment for DMAS providers
DMAS services are built on standard codes. Not all CSA services can be coded using the existing DMAS model.	Potential revisions to full claims lifecycle in the MMIS workflow	Regression testing of claims workflow to ensure coding changes have not impacted DMAS adjudication results

Not all CSA providers (foster care, mom & pop, etc.) can support e-billing interface, requiring additional paper claim forms to be developed and processed	Significant scope for DMAS development and on-going Operations	Potential cost impact on DMAS Operations.
New CSA user groups would have different security roles then existing DMAS user groups.	MMIS system security roles would need to be modified and retested to include the new classes of CSA user groups	HIPPA breach if DMAS agent sees CSA member protected information (also the reverse)
Existing local systems (Harmony, Thomas Brothers, and unique locality systems) would be impacted by requiring medical transaction support (X12) for non-medical, i.e., social service and special education, services	Significant /costly changes to local systems	Potential political and relationship conflict with the local communities.

Without extensive design efforts to answer these questions, estimating the cost of development with any specificity is not possible. Based on the broad scope of needed changes, DMAS estimates the cost would be in the multi-millions.

Estimating the potential savings, if any, of transferring billing to DMAS would require significantly more information than is presently available. Such information includes identifying to what extent fraud, waste, or abuse exists within the current system; what business rules would be developed regarding services and the estimated impact of applying those rules to current practice. Further, the cost to develop and maintain the enhanced MMIS system would have to be considered.

A timeline to accomplish the tasks identified above is included as Appendix F.

Conclusions

The standardization of CSA business rules and process that would be required to transfer CSA service claims to DMAS, i.e., into the MMIS, would represent a significant shift from the core CSA principle that values, encourages, and enables local flexibility and creativity in the design and delivery of services to youth and families. Feedback received from the focus groups with stakeholders indicated clear objection to a system that would erode such local decision-making.

Concurrent with the exploration of the potential to transfer CSA billing to DMAS, activities to enable the integration of data across multiple systems were initiated. In January 2012, Casey Family Programs (CFP) authorized $450,000 for a proof of concept, data-based program evaluation on behalf of Virginia. The project will conduct detailed analysis on three years of data including:

- assessment data collected on all youth receiving services under the CSA (CANS),
- client-level case management and service expenditure data (from selected local government financial systems),
- enhanced maintenance payment assessment data for foster youth (VEMAT), and
- case management/demographic data for foster youth (OASIS).

This project will demonstrate the capacity not only to integrate these key data sets, but more importantly to enable the Commonwealth to answer questions such as the following regarding services provided through the CSA:

1. Are services available to children who need them?
2. Are services being provided in accordance with each child's needs?
3. Are funds for services being spent wisely?
4. To what extent is each program meeting the measurable goals for that program based on the availability of services, each child's needs, and the funds for those services?

In preparation for this project OCS has proven its ability to receive from the two primary local financial systems the client-level expenditure data that are necessary to enable the project to move forward. This ability provides the basic groundwork to overhaul the current CSA financial system from one that gathers only aggregate data to one that gathers the specific invoice-level data that might otherwise be collected through an enhanced MMIS system. The project has the potential to inform some of the currently unanswerable questions about CSA, e.g., the extent of fraud, waste, and abuse within the current system, what services produce positive outcomes, etc. This information will enable the identification of strategies, i.e., "business rules," to improve implementation of the CSA.

Success of the CFP sponsored project will demonstrate the ability of the Commonwealth to attain the benefits desired from a potential transfer of CSA billing to DMAS while protecting local government involvement in service planning and funding authorization for individual youth and families. The estimated cost to procure an analytics system such as demonstrated through the CFP project is estimated at $1,000,000.

The final executive report on the findings of the program evaluation project is projected to be delivered by June 30, 2012. The results and findings of this project will be essential to guide future decisions regarding the most efficacious billing process for services provided under the Comprehensive Services Act.

The conversion of CSA billing to DMAS would be a complicated, lengthy, and expensive process. The results of the current data analysis project will better guide the direction for improving the CSA billing system.

APPENDIX A

Current DMAS Billing System

In order for a claim to be paid the following must occur:

- A member must-
  - be enrolled into the MMIS system
  - be in an appropriate benefit plan
  - be authorized to receive services
  - present proof of eligibility to the provider
- A provider must-
  - Enter into an agreement with the Medicaid program
  - be actively enrolled in MMIS
  - have an active provider number (NPI or API)
  - have a federal tax ID number
  - have current licensure and credentialing
  - be assigned a provider class type and specialty authorizing the MMIS to reimburse him for the services he provides
  - bill timely and accurately
- A claim must-
  - be submitted on a standard form
  - have all required fields completed
  - be submitted with national diagnosis, revenue and/or procedure codes
  - have appropriate provider type and specialty for the claim type, diagnosis, revenue code and/or procedure code(s) billed
  - have a corresponding rate in the MMIS
  - have codes that are opened in the MMIS with authority to be billed
  - be submitted within an established timeframe
  - be authorized for payment based on medical necessity or a prior authorization

Providers can submit claims on paper or electronically at this time. In the near future, providers will be required to submit claims electronically and receive payments via Electronic Funds Transfer (EFT). Some claims require prior authorization or attachments to justify medical necessity and may pend for manual review. Once a complete claim is submitted, it is adjudicated in the MMIS and scheduled for payment. Typically claims are processed the same week they are received, and paid, denied, or pended at the end of the following week (this is called a remit cycle). Providers receive either a paper or electronic remit that includes all the claims paid (and the amount of each payment), denied, or pended. Providers have the ability to submit an adjustment or void claim to the original paid claim as needed.

APPENDIX B

Current CSA Billing System

In order for a local government to receive state share reimbursement for valid regular (non-Medicaid supported) CSA expenditure claims, the following must occur:

- The locality must:
  - Ensure the eligibility of the child
  - Develop a service plan to meet the needs of the child
  - Ensure each case has been assessed using the SEC mandatory uniform assessment instrument (CANS-VA)
  - Select an appropriate vendor and procure services
  - Ensure sufficient state share allocation is available in the web based pool fund reimbursement system
  - Case manage the child service plan
  - Receive and verify the vendor billing is correct
  - Pay the vendor
  - As often as monthly, but no less than quarterly, report the paid vendor bill (in aggregate) into the CSA Pool Fund reimbursement system
  - Electronically approve the pool fund report (performed by the local fiscal agent)

- The provider must:
  - Provide the prescribed service in accordance with the purchase order or agreement
  - Bill the locality in accordance with the terms of the locality procurement requirements

- The Office of Comprehensive must:
  - Ensure the web based pool system is available for reporting of monthly expenditures
  - Ensure the web based pool system is modified to accommodate expenditures in accordance with the program year the service is rendered
  - Ensure varying local match rates are recorded in the system in accordance with State Executive Council guidance.
  - Ensure a summary of locally approved pool fund state share claims is available to the Department of Education to download for state share reimbursement
  - Once electronic payments are made by DOE, ensure the electronic payment history payment file is correct and posted on the CSA web site

- The Department of Education must:
  - Download from the CSA web based reporting system all approved pool fund reimbursement reports (monthly)
  - Create any required adjustments
  - Electronic Fund Transfer (EFT) payment to local government
  - Develop a payment data base and forward to OCS for posting to the CSA web site

In order for a CSA Medicaid bill to be processed, the following occurs:

- The Department of Medicaid Assistance Services must:
    - Perform the requirements as described in the "Current DMAS Billing System"
    - Ensure CSA related residential and treatment foster care case management billings are flagged for local share collection
    - Forward monthly to the OCS and DOE and locality listing of CSA related Medicaid claims paid on behalf of the individual locality

- The Office of Comprehensive Services must:
    - Create an electronic file, by locality, for monthly Medicaid paid claims and forward to DOE for local share calculation and collection
    - Monthly, post a report indicating the local share to be collected for paid CSA Medicaid claims

- The Department of Education must:
    - Calculate a local share for each locality based on Medicaid payments
    - Forward to the OCS the calculated local share file
    - Collect the applicable local share by reducing a Pool Fund Reimbursement

APPENDIX C

Payment System Business Rules	*DMAS System*	*CSA System:*	*Issue to Explore*
Business Model	Insurance/Medical model—central authority considers who is eligible for what services and at what rate of reimbursement in a uniform/specific course of treatment to address those needs, the state is viewed as the buyer and thus DMAS is provider focused	Social needs model—locality and service provider possess wide authority to identify and design a broad variety of treatment options addressing symptoms of not only the youth/patient but his/her family and the environment in which the child resided-- locality is the buyer and thus the locality has the relationship with the provider	Determine system changes that would be required in transitioning CSA to an "Insurance based--central authority" model, with a uniform course of treatment for all service recipients presenting specific set of symptoms. Are there service areas that could more easily be moved to the medical model? Consider a gradual transition starting with services that already have uniform guidelines. Could we have a hybrid system that supports both the medical and the social needs models?
Funding	No locality specific allocations	Locality specific annual allocations with option for applying for additional funding for certain clients	Could the DMAS system address locality specific allocations with additional funding options?
Patient/Client Eligibility	Centralized automated eligibility determination system for a several possible benefit plans *(VDSS/LDSS input all info needed to determine eligibility)*	No centralized eligibility determination system -Eligibility determined by each individual locality based on locality's interpretation of VDSS, DOE, DJJ, CSA etc. statutes	Does eligibility determination have to change if there is a centralized billing system? If yes, who on the local level would be responsible for determining eligibility?
Patient/Client Enrollment	Centralized statewide client enrollment in one or more of several "benefit plans"	No centralized enrollment system—VDSS, DOE, DJJ etc each entity has its own "enrollment" system—CSA has three essentially what could be called distinct "benefit plans"-- foster care, special education, non-mandated.	Determine the structure of a centralized statewide CSA child enrollment system that interfaces with participating agency IT systems and automatically assigns to a CSA "benefit plan"
Provider Enrollment	Centralized provider enrollment into a provider class type with standard agreement agreeing to provide specific services, at a specific uniform payment rate, maintaining licensure/credentialing	No centralized provider enrollment nor uniform provider acceptance, agreement or payment rate—Service Fee Directory merely a listing of providers--Each and every locality enters locality/provider and often child specific agreements including a payment rate	Determine the structure of a uniform centralized CSA provider enrollment system/process including a standard contract, rates and provider standards, licensure, etc. Should any providers/services class be exempt from enrollment? Would creating a provider network enhance access to services?

Service Definitions	Precisely defined and uniform across providers by type	Localities have wide flexibility in defining services they wish to buy within broad categories (community based, residential, education)	What are the barriers to and benefits of adopting standardized service definitions?
Service Determination	Service plans developed/proposed by service provider within benefit plan provisions	Service plans developed/proposed by case service buyer---service manager or FAPT - service plans often vary widely—Many service plans require court agreement	Determine who/how should child service plans be developed? Provider, locality, etc.? How to address required court involvement?
Preauthorization	Provider requests Service Authorization (SA) through DBHDS, VDH, DMAS or its contractor for approval of the service plan	Family Assistance and Planning Team and/or Community Policy and Management Team approves service plan	How could service authorization compliment CPMT/FAPT approval? We are doing some of this through the OOOO budget language for children's mental health services in Medicaid.
Provider Rates	Uniform rates for each well defined discrete service established at state level	Locality negotiated rates with each and every provider and provider's rates may vary by locality and by service recipient	Determine in requiring uniform state established service payment rates.
Provider Claims/Bills	Provider submits standardized health care claim forms using healthcare specific codes (HCPCS, CPT, etc) for recipient specific reimbursement claim in accordance with PA approved plan (eventually only electronic claims will be accepted)	Provider submits recipient specific reimbursement claim to locality in format that a particular locality requires, the locality pays provider. OCS reimburses locality.	Determine infrastructure needed to develop a standardized central provider claims process. What role localities should have in the process (verifying services delivered?)
Claim Dispute Resolution for providers	Automated system pends certain claims requiring human intervention (info/examination)—state/contractor staff performs examination	Localities processes for resolving a dispute with providers varies based on locally adopted processes	Solicit input on the location, parties to and process for dispute resolution with providers
Local Share	System does not currently accommodate local share	Local share required and is based on service type and varies by locality (different base rates for 131 different localities times 3 different match rates)	Solicit input on how to "collect" local share—up front? as funds expended?, quarterly? If local share is eliminated, what goes in its place?

APPENDIX D

Stakeholder Meetings

The Office of Comprehensive Services and DMAS conducted meetings with CPMT members and fiscal agents to gather input on the following the key questions:

- Will structural changes in CSA be necessary to support the migration?
- Will policy changes to both CSA and the program areas served by CSA (foster care, special education etc.) be necessary?
- What are the procurement implications of using DMAS' fiscal agent services contract with ACS? Will a procurement process be necessary, and if so, would it be more cost effective to procure and modify a COTS solution than to modify DMAS' extensively customized MMIS?
- What statutory changes would be necessary?
- What are preliminary staffing estimates for planning, implementing and on-going operations to support the migration?
- What are the preliminary estimates of the financial impacts on the following two areas:
    - The impact on state cash flow by changing from a state reimburse locals process to a state maintained provider payment system
    - Cost to contract with a VITA/NG approved contractor to develop the actions necessary and the IT cost to 1) migrate the system, 2) maintain the system annually, and the 3) "Time to market" for the conversion

Meeting Schedule:

Date: June 20th 2011 Time: 10 – noon Place: James and Warwick Rooms City Center – Oyster Point 700 Towne Center Drive Newport News, VA	Date: July 14th 2011 Time: 1-3:30 Place: Russell County Government Center 139 Highland Drive Lebanon, VA 24266
Date: June 21st, 2011 Time: 10 - noon Place: Church of the Nazarene 57 Whisk Drive White Stone, VA	Date: July 15th 2011 Time: 9:30-12 Place: Vinton Library 800 E. Washington Ave. Vinton, VA 24179
Date: June 27th 2011 Time: 11 – 1 Place: Southside Community College Christiana Workforce Development Center, Room 108 109 Campus Drive Alberta, VA	Date: August 5th 2011 Time: 10:30 – 12:30 Place: Rockingham County Administration Center 20 E. Gay Street Harrisonburg, VA
Date: June 28th 2011 Time: 1 – 3 Place: Chesterfield Community Development Center 9901 Lori Road Chesterfield, VA	

APPENDIX E

Transfer of Billing: Themes from Stakeholder Focus Groups

Concerns related to providers (Providers, CPMT chairs, CSA Coordinators):

- Enrollment for small “mom and pop” or non-traditional providers; responsive reimbursement system necessary. Particular concern about foster parent maintenance payments. DMAS model would be problematic for these providers.
- Who manages the provider contract in this system? Think local management is essential for quality control and fiscal control of local money. So, at least have both DMAS and local review and management if DMAS to be involved.
- How can locality provide provider accountability and have DMAS managed contracts?
- Payment turn-around time – concerns that DMAS cannot respond as quickly as the locality.
- Some providers are not required to have a license or certification – how is this handled?
- Electronic billing through MMIS – not possible for all providers (family foster care providers, non-traditional providers, “mom and pop” providers). Keep VITA out of it!
- Quality assurance issues: concern about direct relationship with provider and ability to make sure IFSP and local CSA requirements met before provider is paid
- Could this result in rate structure? Mixed view on advantages/disadvantages

Fiscal Issues: (Fiscal Agents, Local Government)

- Local match – how paid under DMAS model where DMAS has direct reimbursement responsibility to the provider
- Local control and fiscal management: is there a risk of losing? Must be able to approve invoices before they are paid. Seems to increase the potential for fraud in the system. How will providers be kept accountable – locals are always finding provider invoice errors that are fixed before the locals pay.
- How would allocation process need to differ than it is now?
- Local systems need monthly reports for fiscal management (use warrant register now). How will this be handled?
- Concerns about relationship between CSA/IV-E reimbursements. Right now it is seamless. Will that continue to be true in this system?
- Will this system be separate enough that if the Medicaid assessment determines it is not a needed service but FAPT determines it is, the service will be authorized for payment by CSA system at DMAS (as happens now)?

Authorization and eligibility determination (CSA Coordinators, Fiscal agents)

- Want to manage authorization locally – through FAPT and CPMT as stipulated by CSA (statute); how handle changes related to the courts (ability to override CPMT service decisions as stipulated in code).

- Need to maintain local ability to respond to service needs quickly – emergency process for getting services

Administrative issues (Local Government, Fiscal Agents):

- Local governments are already pulling more weight for administration than should be. Need more money to administer.
- This change, if made, will be very expensive. If make change, do not shift cost to local government.
- How will this affect the ability to use local systems (Harmony, Thomas Brothers) local systems that have been developed) in which local governments have made significant investments?
- DMAS billing is complex, prone to error and this system will increase local costs.
- Does this process change the role of or the need for the CSA Coordinator?

Service/Child and family issues (Providers, CSA Coordinators) :

- Concerns about losing CSA focus on child-specific needs: "whatever it takes" if child is eligible; flexibility; concerns about fitting a child into the program rather than a service that fits the child's needs; will ability to support families in attempt to keep children home be compromised in this system?
- Concerns that this not be a move from a social needs model to a medical model, as it won't meet the needs of children and families.
- In this system, who do the child and family relate to? They should be the focus.
- DMAS Services are built by codes: cannot code all services that are provided under CSA
- Are there confidentiality issues?

Other options (Fiscal Agents, CPMT Chairs):

- Better fit: refine system we have rather than building another; why not allow regional contracts for rates if inconsistent rates are an issue.
- Will this add an additional data system? How will it intersect with current CSA data system? Locals believe that data the state wants (service specific data) already exists at the local level. Why not devise CSA system to gather it?
- It appears to locals that a better strategy is to standardize definitions, standardize data and collect across multiple agencies.
- It would be easy for an IT team to build a system at OCS that can do what is desired eliminating need to change to DMAS
- Why not talk to Thomas Brothers, Harmony, etc. to see if they can build the data specific system that is desired?

Need to address:

- Enrollment issues for nontraditional providers (foster parents, retail operations, transportation providers, etc) that allow the flexibility CSA provides.

- Electronic billing – is it necessary for ALL providers, including the nontraditional and foster parents? If so, how can it be handled – who will do it for them (like CSA office, or DSS case manager, etc)?
- System that insures provider accountability at local level even though this system may require DMAS – Provider relationship.
- System that insures local fiscal management: timely reports to local fiscal agent
- Consider how allocation process and local match will be handled in a system where providers are paid directly by DMAS.
- Develop a system that provides a seamless reimbursement system which includes IV-E, CSA and DMAS as the responsible payment sources for services, since CSA is the payer of last resort.
- Determine if having a system built in OCS/DOE could provide the detail and reporting that this is trying to accomplish.
- Determine cost to localities if this system change occurs

APPENDIX F

PROPOSED TIMELINE: MIGRATE CSA TO MMIS	March-12	April-12	May-12	June-12	July-12	August-12	September-12	October-12	November-12	December-12	January-13	February-13	March-13	April-13	May-13	June-13	July-13
Casey Family Programs – SAS Proof of Concept Project	X	X	X	X													
Design methodology/construct for state payment and “collection” of local share					X	X	X										
Cost for systems development approved in budget											X	X	X				
Affect changes to Appropriations Act for revision to allocation of funds to accommodate local CSA share											X	X	X				
Conduct requirement sessions to define system operation, identify business rules, determine system edits, etc.														X	X	X	X
Develop RFP for systems development																	
Vendor Review/Prepare Proposals																	
Receive and review proposals																	
Negotiate and Award contract																	
CSA Program/Policy Definition																	
MMIS System Revisions																	
EDI and Paper Claims																	
Claim Edits and Audits																	
Billing Services																	
User Interface																	
Reporting																	
Misc/Other																	
Develop Data Conversion																	
Unit Testing/Functional Testing																	
Testing																	
UAT																	
Tuning and Adjustments																	
ORT																	
Retraining																	

PROPOSED TIMELINE: MIGRATE CSA TO MMIS	August-13	September-13	October-13	November-13	December-13	January-14	February-14	March-14	April-14	May-14	June-14	July-14	August-14	September-14	October-14	November-14	December-14
Casey Family Programs – SAS Proof of Concept Project																	
Design methodology/construct for state payment and “collection” of local share																	
Cost for systems development approved in budget																	
Affect changes to Appropriations Act for revision to allocation of funds to accommodate local CSA share																	
Conduct requirement sessions to define system operation, identify business rules, determine system edits, etc.																	
Develop RFP for systems development	X	X	X	X													
Vendor Review/Prepare Proposals					X	X	X										
Receive and review proposals								X	X	X							
Negotiate and Award contract											X	X					
CSA Program/Policy Definition					X	X	X	X									
MMIS System Revisions													X	X	X		
EDI and Paper Claims													X	X	X		
Claim Edits and Audits																X	X
Billing Services																X	X
User Interface																X	X
Reporting																	
Misc/Other																	
Develop Data Conversion																X	X
Unit Testing/Functional Testing																	
Testing																	
UAT																	
Tuning and Adjustments																	
ORT																	
Retraining																	

PROPOSED TIMELINE: MIGRATE CSA TO MMIS	January-15	February-15	March-15	April-15	May-15	June-15	July-15	August-15	September-15	October-15	November-15	December-15	January-16	February-16	March-16	April-16	May-16
Casey Family Programs – SAS Proof of Concept Project																	
Design methodology/construct for state payment and “collection” of local share																	
Cost for systems development approved in budget																	
Affect changes to Appropriations Act for revision to allocation of funds to accommodate local CSA share																	
Conduct requirement sessions to define system operation, identify business rules, determine system edits, etc.																	
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EDI and Paper Claims																	
Claim Edits and Audits	X																
Billing Services	X																
User Interface	X																
Reporting	X	X	X														
Misc/Other	X	X	X														
Develop Data Conversion	X	X	X														
Unit Testing/Functional Testing				X	X	X											
Testing																	
UAT							X										
Tuning and Adjustments								X									
ORT									X								
Retraining																	

APPENDIX F

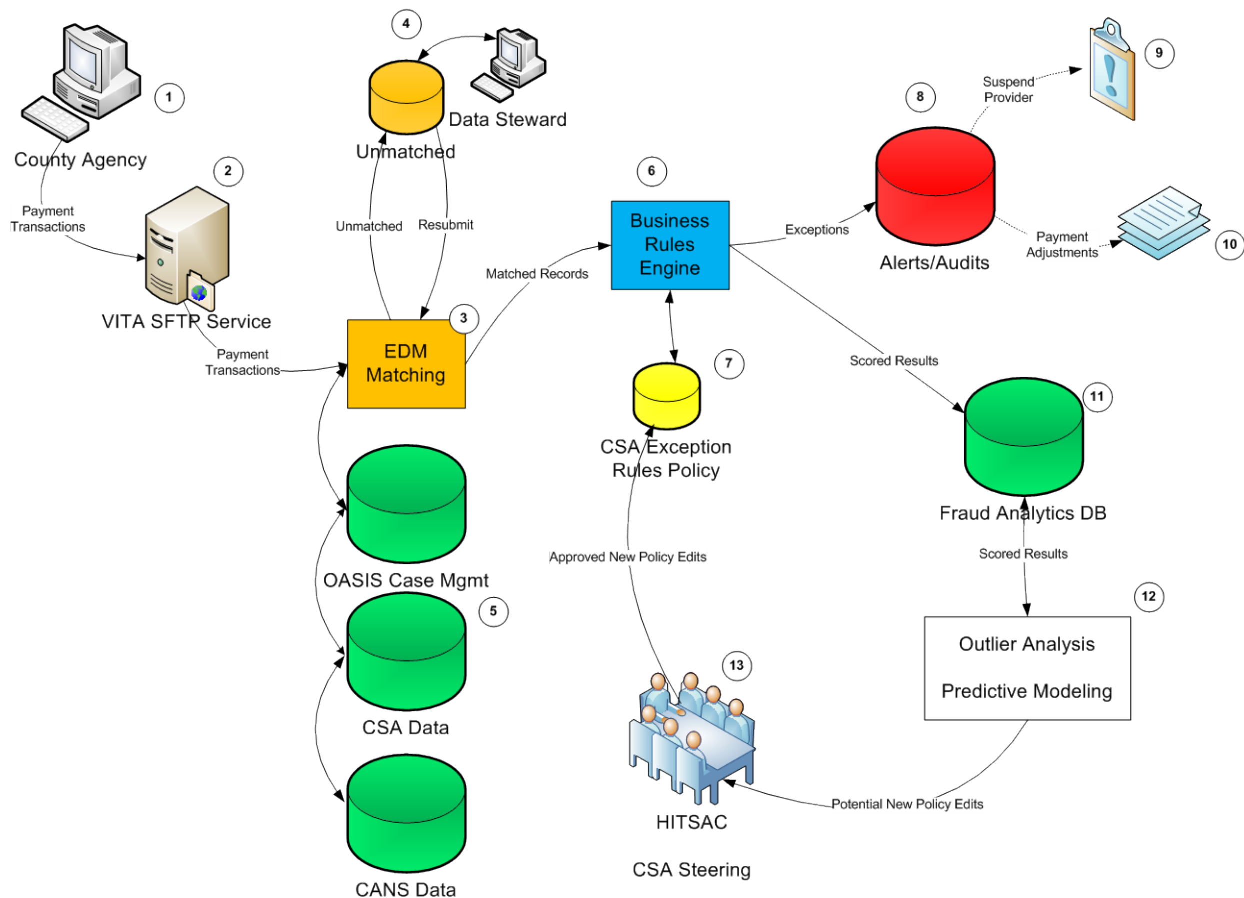
PROPOSED TIMELINE: MIGRATE CSA TO MMIS	March-12	April-12	May-12	June-12	July-12	August-12	September-12	October-12	November-12	December-12	January-13	February-13	March-13	April-13	May-13	June-13	July-13	August-13	September-13	October-13	November-13	December-13	January-14	February-14	March-14	April-14	May-14	June-14	July-14	August-14	September-14	October-14	November-14	December-14	January-15	February-15	March-15	April-15	May-15	June-15	July-15	August-15	September-15	October-15	November-15	December-15	January-16	February-16	March-16	April-16	May-16
Internal Users																																												X							
External Users/Providers																																													X	X					
Final Data Conversion																																														X					
CSA Provider enrollment in MMIS																																															X	X			
CSA Client enrollment in MMIS																																															X	X			
Implement CSA billing through MMIS																																																	X	X	
System Live																																																			X

APPENDIX G

PROPOSED TIMELINE: REVISION TO CSA FINANCIAL AND DEMOGRAPHIC DATA COLLECTION	March 2012	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February2013	March2013	April 2 013	May 2013	June 2013	July 2013	June 2014	July 1, 2014
Define preliminary data layout- financials	X																		
Receive sample data per preliminary layout	X																		
Casey Family Programs – SAS proof of concept project	X	X	X	X															
Refine preliminary data layout- financials		X	X	X	X	X													
Define preliminary layout-data set		X	X	X	X	X													
Determine singular unique identifier	X	X	X	X	X	X													
Financial and data set layouts approved by SEC							X												
Requirement for singular unique identifier approved by SEC							X												
Move CSA data systems from DIT24 server	X	X	X	X															
Convert CSA data systems from access to SQL server				X	X	X	X	X	X	X	X	X	X	X	X				
Hire OCS Information Technology Specialist III	X	X	X																
Provide file layouts to vendors/local governments								X											
Vendor/local development to produce file layouts								X											
Vendor/local development for unique identifier								X	X	X	X	X	X						
Development of web-based file submission								X	X	X	X	X	X						
Enable submission of data per new file layouts														X					
Test submission of data per new file layouts														X	X	X			
Collect data per new file layouts																	X	X	
Develop, test, refine reimbursement based on file layout																	X	X	
Develop, test, refine data reports based on file layout																	X	X	
Implement new reimbursement request process																			X
Implement new data set process																			X
Implement new supplemental request process																			X
Conduct analysis of data received																			X
Produce reports based on data received																			X
Utilize data received to inform policy decisions																			X
Procure/develop data analytics system																	X	X	X

CSA Fraud and Abuse Workflow

Internal Proposal



Legend

1. County Agencies submit payment history via standard transaction (X12, NIEM, other)
2. Payment history file is uploaded to the VITA SFTP server. Payment file is internally transferred to an EDM (enterprise data management) prep location.
3. EDM service uses data from OASIS, CSA and CANS sources (5); creates a citizen match across these sources. When payment history transactions are received, EDM matches the citizen and transaction to the OASIS, CSA and CANS sources.
4. Records that cannot be automatically matched are flagged in an Unmatched pending database. Enterprise Data Stewards review the pended records and work to reconcile where possible. Once reconciled, the matched citizen/payment transactions are sent forward.

6. Each matched citizen/payment transaction is submitted to the eHHR business rules engine and evaluated against CSA defined exception policies (7).
8. Citizen/payment transactions that fail exception policies are posted to an Audits/Alerts database for additional reporting.
9. Providers that fail "significant" edits may be suspended, the Audits/Alerts reporting DB will generate a notification to be sent to the Provider, County and CSA designee.
10. Invalidated citizen/payment transactions will generate a notification to be sent to the Provider, County and CSA designee. Net amount of invalidated citizen/payment transactions is reduced from future CSA payments to the County.
11. All citizen/payment transactions once scored (pass + fail) by the eHHR business rules engine are posted to the Fraud Analytics DB for additional population and longitudinal reporting.
12. Periodically – CSA staff run outlier and predictive modeling requests against the Fraud Analytics DB. Additionally, CSA staff may perform "what if" ad hoc queries to better understand trending in the citizen/payment transactions identified by the modeling. The result is for CSA staff to identify new Exception Policy Rules and/or criteria to further improve the system results.
13. New Exception Policy Rules and/or criteria are periodically submitted to Oversight Committees for review/approval (HITSAC, CSA Steering). Once approved, policy/criteria changes are posted to the CSA defined exception policies (7) DB used by Business Rules Engine (6), completing the COI (Continuous Opportunity for Improvement) loop.

Strengths

- Leverages existing eHHR applications and technology direction
- Fits into existing COV governance model
- Reduced operations cost footprint (likely) since existing technology/governance leveraged
- Framework can be adapted to other Fraud and Abuse workflows

Weaknesses

- Gap – Analytics and Modeling – would need to contract or develop
- Gap – Notifications and Reports – would need to contract or develop