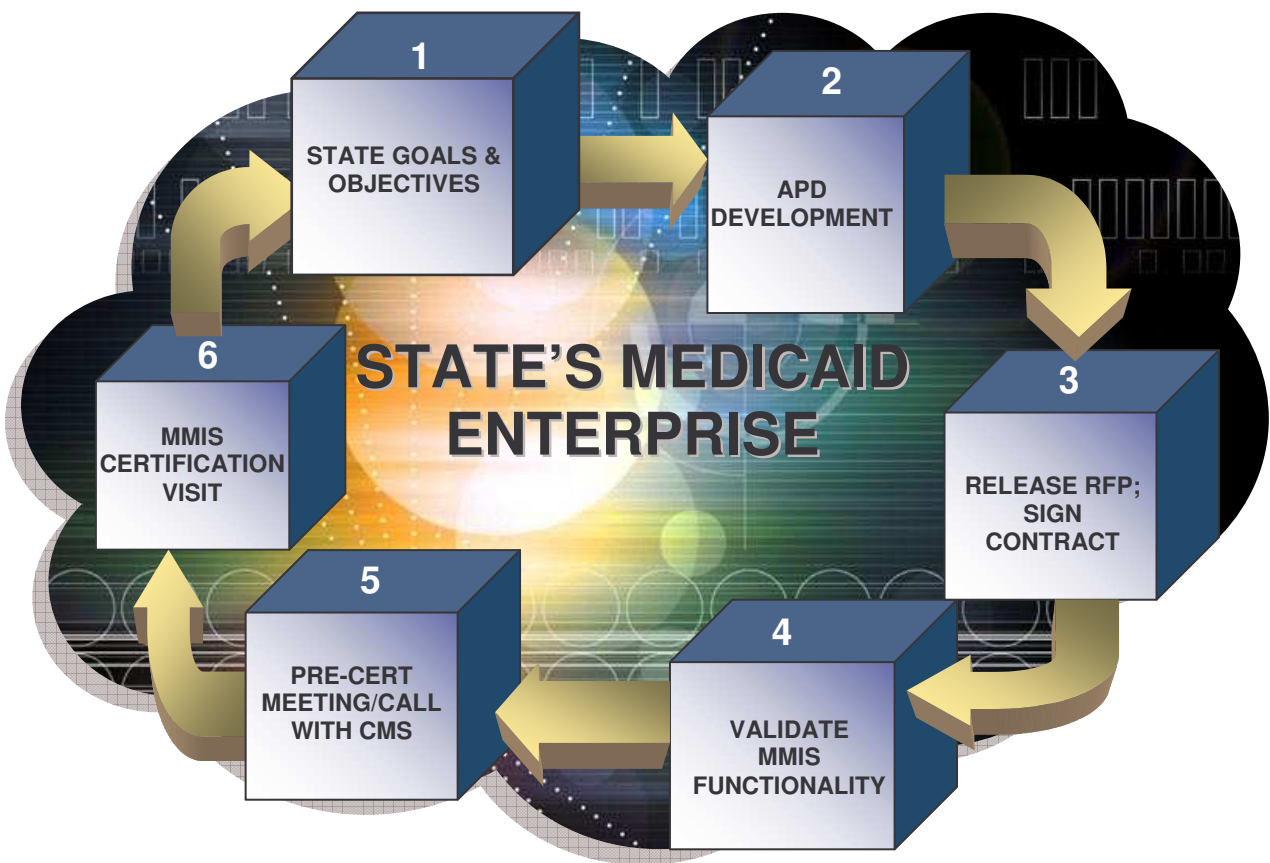


## CHAPTER 2: MEDICAID ENTERPRISE CERTIFICATION ROADMAP



## Chapter 2: Medicaid Enterprise Certification Roadmap

This chapter explains how the certification process has been transformed from a single event occurring after the implementation of a new Medicaid Management Information System (MMIS) to an interactive model that engages CMS Central Office (CO), the Regional Office (RO), and the State (including its contractors), in a collaborative effort from the initial planning for major system improvements through the final achievement. The following Figure 2-1 shows the new vision of the collaborative process:

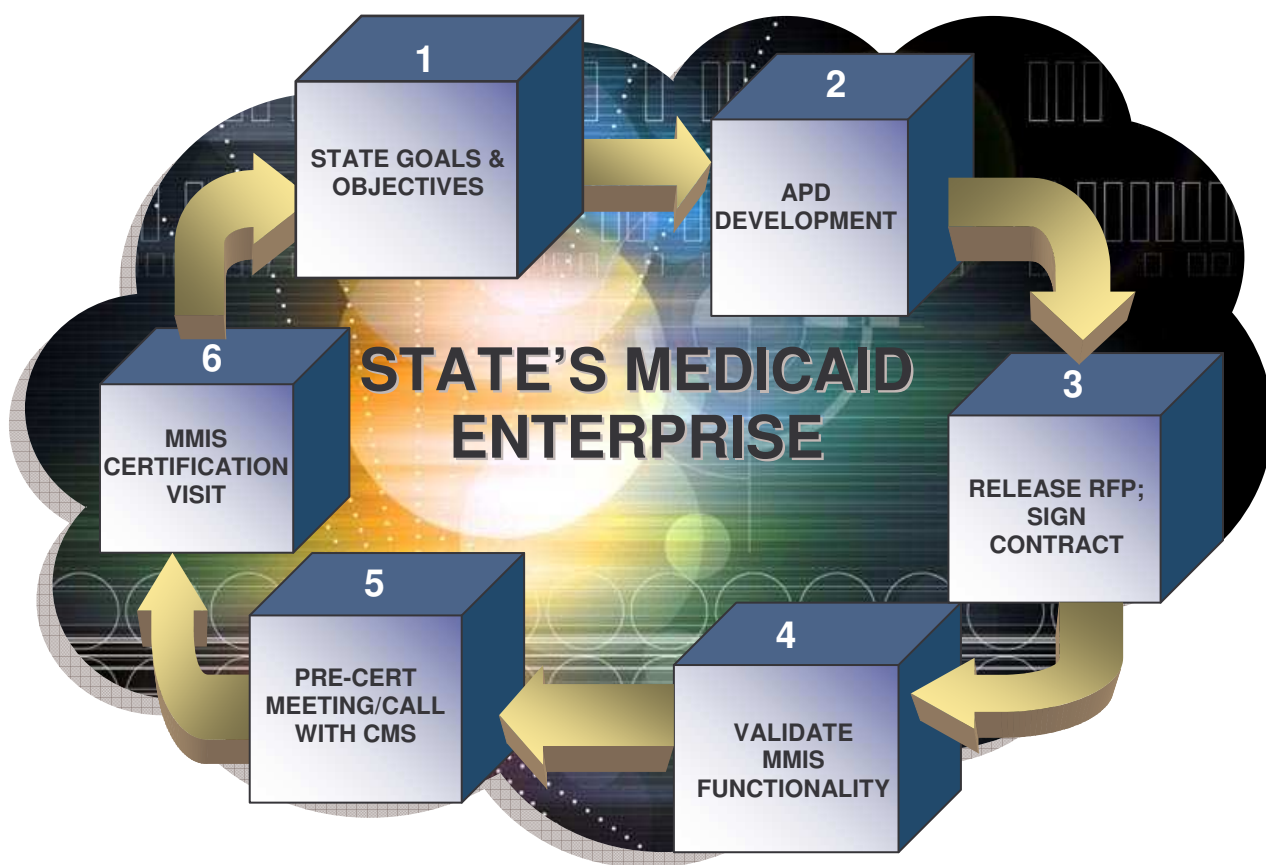


Figure 2-1 Roadmap to Successful Medicaid System Implementation

The Roadmap shows the six milestones that lead to a successful implementation of Medicaid systems.

## Milestone 1: State Goals & Objectives

*Determine goals and objectives for the new or replacement MMIS.*



The State agency sets goals and objectives for the new or replaced MMIS. The State should use the business areas defined in the checklists to guide their thinking about the capabilities needed and desired in the new MMIS.

The State agency maps its major business areas to the Toolkit business areas (shown in Figure 1-1 and Chapter 4, Checklists). The State agency may have more or fewer business areas and may refer to them by different names. The State agency is allowed to maintain its current groupings and names of business areas. Mapping will improve communications with CMS and allow use of the checklist criteria as a point of reference as the process of MMIS development/replacement proceeds.

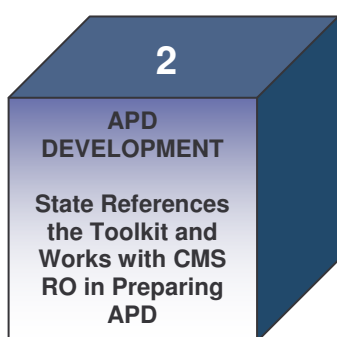
The State agency considers its vision of the future, mission, and objectives and uses them to set goals and objectives for the new MMIS. Once the goals and objectives are set, the State assesses the impact of those goals and objectives on each business area represented in the Toolkit checklists. In addition, the State annotates the business areas with any State-specific business objectives needed to meet State goals.

The State agency incorporates the results of this process into its Advance Planning Document (APD).

Although not covered in this Toolkit, as of April 1, 2007, CMS requires States to attach a MITA Self-Assessment to the APD.

## Milestone 2: APD Development

*State agency uses its goals and objectives and the Toolkit to work with CMS RO in preparing the APD.*



The State agency uses the results of the goal and objective setting process in Milestone 1 in the preparation of the Planning and/or Implementation Advance Planning Document (IAPD). The State agency includes the results of its goal setting in the IAPD and works with the RO staff to finalize the request for replacement or enhancement.

State agencies are to include the annotated checklists as an attachment with their APD submission. These checklists provide a common basis on which the State and RO can align.

The APD approval process includes consideration of the annotated checklists. A goal of using the checklists in the APD preparation and review is to ensure that there is no uncertainty on the part of States and contractors about which MMIS business areas CMS will review during the certification process. The detailed checklists provide the extent of the review for each business area when the certification review is conducted.

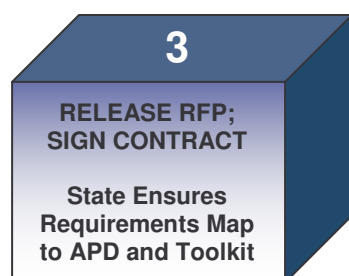
Although not covered in this Toolkit, as of April 1, 2007, CMS requires States to attach a MITA Self-Assessment to the APD.

The “APD Development and Review Protocol” in Chapter 3, *Protocols*, contains a step-by-step instructions for preparing the annotated checklists.

The process required by CFR has not changed. States must continue to submit and obtain approval for major system enhancements via the APD as specified in 45 CFR, Part 95.

## Milestone 3: Release RFP; Sign Contract

*The State agency uses the Toolkit while preparing the RFP and finalizing a contract with a vendor.*



While preparing the RFP to obtain a new Medicaid system, or services to help build or transfer systems, the State agency staff should refer to the checklist business area updated for the APD development. These checklists cover the Federally required business areas common to all State Medicaid agencies. When updated, the checklists also include the State-specific goals, objectives and system review criteria presented in the APD.

State agency staff is encouraged to use the checklists as a guide for developing the system requirements for the RFP.

CMS recognizes that State agencies have State-specific needs and policies. Therefore, in addition to all of the Federal requirements for the MMIS, the checklists allow States to insert their own State-specific objectives and system review criteria. Certification is contingent on the State meeting all of the requirements that are based on Federal and State-specific requirements.

Once the RFP is completed, the State should go back to the original checklists and verify that each criterion that reflects a Federal requirement has been included as well as State-specific criteria and other good business practices.

CMS expects that the use of the checklists will establish a more standardized format for the RFP, as States move from specifying the MMIS by subsystem to specifying an MMIS by use of an MMIS model based upon business objectives and requirements. For the vendor and contractor community, the checklists are expected to provide a snapshot of certification requirements throughout the lifecycle of a system. The goal is to weave the requirements into the business improvement process at the earliest stage rather than waiting until just prior to the certification onsite visit.

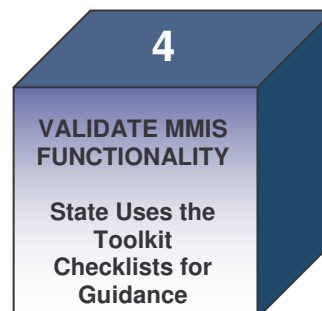
CMS also expects that the use of checklists will facilitate better communications with the ROs as they review and approve the RFP before release to vendors.

## Milestone 4: Validate MMIS Functionality

*The State agency uses the Toolkit checklists for guidance.*

The State agency uses the Toolkit checklists for guidance throughout the Design, Development and Installation (DDI) process to ensure that the targeted business objectives are realized in the new MMIS.

During contract negotiations with the selected contractor, the State agency should ensure that the checklist contents and the goals and objectives derived in Milestone 1 are explicitly covered in the contract. The contractor must understand the State agency's goals and objectives.



CMS encourages Medicaid agencies to use the checklists frequently throughout DDI. Checklists are designated for each primary business area that will be examined during the certification review. Familiarity with the checklists will help both the State and the contractor stay on course. Medicaid enterprise systems are complex. Major replacement and development projects take many months. There may be gaps of several years between the approval of the original APD and the issuance of the RFP and the completion of DDI activities when the new system is ready for certification. Frequent and iterative use of the checklists will assist all parties in keeping the targeted business capabilities in sight.

State agencies and CMS staff can use the checklists for communications regarding progress throughout DDI. The State agency can give progress reports for a designated business area by referring to its associated checklist. The goal is to achieve an implementation of Medicaid systems that can deliver and support the business needs of the State agency.

During DDI, there can be reasons to change business requirements (e.g., new State or Federal legislation, budget changes, and State policy decisions). The State agency should use the appropriate State-specific portions of the checklists to record such changes being careful to understand the impact on any Federal requirements.

Once the new MMIS is accepted, the State should use the *State Certification Readiness Protocol* in Chapter 3 of the Toolkit to verify that the MMIS meets the criteria for certification and to prepare to collect needed data for the certification process.

## Milestone 5: Pre-Certification Meeting/Call with CMS

*The State agency uses the Toolkit to prepare for the pre-certification meeting or call.*

The State Medicaid agency and the CMS RO and CO staff use the *CMS Certification Review Protocol* in Chapter 3 of the Toolkit for guidance in preparing for and conducting the pre-certification meeting or telephone conference call. CMS will have formed the certification review Team (CR Team) that will conduct the visit and evaluate the new MMIS. CMS will have also reviewed the checklists and other documents submitted with the letter from the State requesting certification.



The intent of the pre-certification meeting/call is to ensure that the CR Team understands the new MMIS well enough to plan the onsite activities of the CR Team and that the State understands the needs and objectives of the CR Team. A major part of this meeting is the presentation of a system overview and its functions by the State or its designated contractor.

Prior to the request for certification and the pre-certification meeting/call, the State agency is expected to use the checklists to affirm the readiness of the systems to be reviewed and begin collecting the data needed by CMS to verify that the new MMIS has been successfully operating for at least six months by the time of the visit. This process is explained in Milestone 4 and the associated *Validate MMIS Functionality Protocol*. Use of the checklists throughout the DDI process will eliminate any State agency/contractor misunderstanding of what CMS expects during the certification review.

## Milestone 6: MMIS Certification Visit

*The State agency and CMS use the Toolkit protocol and checklists.*

State agency staff and the CR Team of CMS RO and CO members use the *CMS Certification Review Protocol* and relevant checklists for guidance in preparing for and conducting the formal onsite visit. (See Chapter 3, Protocols, for details on this protocol.)

As stated in the *CMS Certification Review Protocol*, the CR Team will review the set of checklists provided by the State and approved by the RO during the APD process. If needed, the CR Team will modify the checklists to meet certification needs. The final list of criteria is tailored to each State's MMIS as specified in the State's APD, RFP, and implementation contract.



During the visit, the CR Team will verify that the criteria based on Federal and State requirements are satisfied. The CR Team will perform the verification by actual system interaction, review of documents, and interviews with State and, potentially, contractor staff. The visit will conclude with an exit conferece where the CR Team summerizes the activities and observations made during the review. The decision to certify or not certify the State's system is deferred until the CR Team can analyse all information gathered during the visit or subsequently submitted by the State agency.

Following the visit, the CR Team will prepare a final report. In the report, the CR Team will reference its findings to each business area and the associated checklist.

Once the certification review is completed and the State's MMIS has been certified by CMS, the journey around the roadmap that began with the goal setting process is completed. It will restart when the State decides that a new or improved MMIS is needed. The capabilities of the certified system will be used as the baseline for a new round of goal setting, and the first four Milestones described in this chapter – setting goals and objectives, APD development, RFP preparation and contract signing, and validation of MMIS functionalities – are to be repeated when the State undertakes a significant system improvement. The final steps – Pre-certification and Certification – only apply when a complete MMIS has been replaced.

CMS encourages States to use the checklists as a guide to meeting Federal requirements anytime the system is updated.