CT METS Program Goals, Objectives, and Example Strategies

The modularization planned under the CT METS program is anticipated to achieve the following:

Goal 1 – **Person-centered service delivery**

Objective 1 - Advance unified, team-based care management capability

Strategy: Solutions shall support cross-system communication and interoperability, facilitated through Business Process Modeling; targeting enhanced secure data exchange and system integration between the primary systems, including MMIS modules, ASOs, waiver programs, ICM services, contractors, and long-term service support; providing real-time comprehensive member profiles; identifying care plans, case management, assessments, and treatment authorizations.

Objective 2 - Present a unified web-based portal for members integrating information from multiple member ports for easy and secure access to up-to-date information

Strategy: Solutions shall support multiple platforms for member engagement (computer, tablet, mobile technology) and will support user experience (UX) standards with seamless look and feel for all forms of member online interaction, including, but not limited to, access to program applications and other self-service eligibility functions, and personal health records (PHRs).

Goal 2 – **Improved support for providers of services to Medicaid members**

Objective 1 – Present a unified web-based provider portal integrating information and functions from multiple existing provider and provider-related portals and information sources, and increase automation

Strategy: In addition to integration, solution shall feature enhanced online support of the provider enrollment/credentialing process (e.g., electronic interfaces for license verification, board certification, DEA), reducing existing manual processes.

Objective 2 – Streamline Prior Authorization Solution

Strategy: Solution shall present a single web-based Prior Authorization (PA) solution incorporating data and functions from multiple PA portals for different PA types.

Objective 3 – Assist Providers in increasing positive performance results

Strategy: Solution will provide enhanced analytics and timely and proximate practice support capabilities that will be used to collaborate with providers.

Objective 4 – Provide the capability for both Medicaid-enrolled and other service providers to be supported by the solution

Strategy: The solution shall include functionality and access data to support providers who are associated with other programs and may or may not be Medicaid-enrolled.

Goal 3 – **Strengthened Program Integrity, Financial, and Contract Management functions**

Objective 1 – Enhance fraud and abuse detection capabilities

Strategy: Acquire and implement advanced data analytics as part of enhanced fraud and abuse detection tools for identifying inappropriate claim payments and overpayments.

Objective 2 – Advance financial reporting capabilities resulting in a decrease in the time required to create CMS 37 and 64 reports

> Strategy: The integrated solution will support improvements in the creation of consolidated financial data and increased communication capabilities with other financial entities involved in the creation of reports.

Objective 3 – Improve and expand contract management capabilities resulting in a comprehensive view of the Medicaid universe of contracts and establish contract management practices consistent with managing multiple vendor relationships

> Strategy: Solutions will support expanded capabilities and tools for managing contracts with automated workflows, alerts, and consolidated Medicaid contract data including a consolidated repository for Medicaid contracts.

Goal 4 – Transformed tools and technology to support efficiency and improved analytic capabilities

Objective 1 – Increase automation of manual processes resulting in enhanced staff efficiency

> Strategy: Conversion of existing manual processes will enable redeployment of current operations staff to other tasks.

Objective 2 – Advance and expand Medicaid program key performance indicators

> Strategy: Solutions will provide the mechanisms to increase enterprise-wide key performance indicators.

Objective 3 – Deploy analytic tools to effectively direct resources

> Strategy: Analytic solutions shall include a predictive modeling feature to facilitate direction of financial and other resources to individuals to most effectively meet their needs.

Goal 5 – Timely and cost-effective support for reform initiatives and program evolution

Objective 1 – Implement advanced analytic capabilities to perform targeted "what if" queries resulting in reduced time developing new policies

> Strategy: New solutions will bring availability of enhanced analytics and improved scope of data that will facilitate modification of parameters such as provider rates, utilization, or other variables.

Objective 2 – Apply emerging technologies to support program innovation

> Strategy: Modular design of the new system will facilitate proactive monitoring of technology innovations and application/implementation of solutions as they become available in the market.

Goal 6 – Modernized technical platform that conforms with all CMS standards

Objective 1 – Implement modular solutions that meet current standards and can be more easily modified for evolving industry standards

> Strategy: CT METS will adhere to the guidance detailed in the State Medicaid Directors' Letter 16-010 for modularity. The letter indicates, "States are required to follow the modularity principles in their development of new or replacement MMIS and E&E modules.

The requirement for modular approaches applies to all systems that are eligible for enhanced match within the Medicaid IT enterprise."

Goal 7 – **Maximized use of federally supported technology to improve operations**

Objective 1 – Target reuse of federally certified module solutions that are being implemented within the national landscape, reducing development tasks and costs

> Strategy: Meeting the CMS standard of leverage, as detailed in State Medicaid Directors' Letter 18-005, will allow reuse of technologies, avoiding the cost of redundant development both within Connecticut as well as sharing with other states.

Objective 2 – Target the interoperability standard to reduce development and implementation time after the system is fully operational

> Strategy: Meeting the CMS criteria for interoperability with standard, published APIs will enable the exchange and use of information between agencies, Health Information Exchanges, Public Health/HSS agencies, and other entities.

Objective 3 – Develop integrated operations solutions that will be utilized by multiple agencies and partners

> Strategy: The development of the modular system encompassing multiple organizations and functions beyond the existing core MMIS will support improved and more sustainable operations.