**Testimony
Department of Human Services
Information Technology Committee
Representative Robin Weisz, Chairman
June 26, 2012**

Chairman Weisz, members of the Information Technology Committee, I am Jenny Witham, Chief Information Officer for the Department of Human Services (DHS). I appear before you to provide the closeout report for the conversion of the Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 4010A1 to ASC X12 version 5010 and National Council for Prescription Drug Programs (NCPDP) version 5.1 to NCPDP version D.0.

This project was for the DHS Medical Services Division's legacy Medicaid Management Information System to be upgraded to meet compliance requirements for the following transactions:

- 837P - Health Care Claim Professional (12/31/2011)
- 837I - Health Care Claim Institutional (12/31/2011)
- 837D - Health Care Claim Dental (12/31/2011)
- 270 – Health Care Eligibility Benefit Inquiry (3/31/2012)
- 271 – Health Care Eligibility Benefit Response (3/31/2012
- 276 – Health Care Claim Status Request (3/31/2012)
- 277 – Health Care Claim Status Response (3/31/2012)
- 278(I) – Health Care Services Review Request for Review (12/31/2011)
- 278(O) – Health Care Services Review Request Response (12/31/2011)
- 834 – Benefit Enrollment and Maintenance (3/31/2012)
- 835(I) – Health Care Claim Payment (3/31/2012)

The Secretary of the Department of Health and Human Services extended the compliance date for providers to June 30, 2012. DHS has successfully completed the project's scope within budget variance (4.4%), but extended the completion date to accordance with provider needs (44%).

Project Closeout Report
Presented to the IT Committee
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Project Name: Legacy 5010

Agency: DHS

Business Unit/Program Area: DHS

Project Sponsor: Nancy Willis

Project Manager: Beverly Maitland

Objectives		
	Measurements	
Project Objectives	Met/ Not Met	Description
To meet the CMS Level II compliancy date of 12/31/2011 for the 837P – Health Care Claim Professional Transaction.	Met	**Measurement:** Able to receive the 837P – Health Care Claim Professional Transaction in the CMS 5010 format by 12/31/2011.
To meet the CMS Level II compliancy date of 12/31/2011 for the 837I – Health Care Claim Institutional Transaction.	Met	**Measurement:** Able to receive the 837I – Health Care Claim Institutional Transaction in the CMS 5010 format by 12/31/2011.
) meet the CMS Level II ompliancy date of 12/31/2011 for the 837D – Health Care Claim Dental Transaction.	Met	**Measurement:** Able to receive the 837D – Health Care Claim Dental Transaction in the CMS 5010 format by 12/31/2011.
To meet the CMS Level II compliancy date of 12/31/2011 for the 270 – Health Care Eligibility Benefit Inquiry Transaction.	Not Met	**Measurement:** Able to receive the 270 – Health Care Eligibility Benefit Inquiry Transaction in the CMS 5010 format 12/31/2011. Due to Edifecs working issues with routes, decision by ITD/DHS team to push implementation to 3/31/2012 for 270 real time. 270 batch transactions pushed to maintenance for later implementation
To meet the CMS Level II compliancy date of 12/31/2011 for the 271 – Health Care Eligibility Benefit Response Transaction.	Not Met	**Measurement:** Able to send the 271 – Health Care Eligibility Benefit Response Transaction in the CMS 5010 format by 12/31/2011. Due to Edifecs working issues with routes, decision by ITD/DHS team to push implementation 3/31/2012 for 271 real time. 271 batch transactions pushed to maintenance for later implementation
To be CMS Level II compliant by the date of 12/31/2011 for the 276 – Health Care Claim Status Request Transaction.	Not Met	**Measurement:** Able to receive the 276 – Health Care Claim Status Request Transaction in the CMS 5010 format by 12/31/2011. Decision by ITD/DHS team to push implementation 3/31/2012.

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To be CMS Level II compliant by the date of 4/30/2011 for the 277 – Health Care Claim Status Response Transaction.	Not Met	**Measurement:** Able to send the 277 – Health Care Claim Status Response Transaction in the CMS 5010 format by 12/31/2011. Decision by ITD/DHS team to push implementation 3/31/2012.
To be CMS Level II compliant by the date of 12/31/2011 for the 278(I) – HealthCare Services Review Request for Review Transaction.	Met	**Measurement:** Able to receive the 278(I) – Health Care Services Review Request for Review Transaction in the CMS 5010 format by 12/31/2011.
To be CMS Level II compliant by the date of 12/31/2011 for the 278(O) – HealthCare Services Review Request for Response Transaction.	Met	**Measurement:** Able to receive the 278(O) – Health Care Services Review Request for Response Transaction in the CMS 5010 format by 12/31/2011.
To be CMS Level II compliant by the date of 12/31/2011 for the 834 – Benefit Enrollment and Maintenance Transaction.	Not Met	**Measurement:** Able to receive the 834 – Benefit Enrollment and Maintenance Transaction in the CMS 5010 format by 12/31/2011. Due to Edifecs working issues with routes, decision by ITD/DHS team to push implementation 3/31/2012.
To be CMS Level II compliant by the date of 12/31/2011 for the 835(I) – Health Care Claim Payment Transaction.	Not Met	**Measurement:** Able to receive the 835(I) – Health Care Claim Payment Transaction in the CMS 5010 format by 12/31/2011. Because of insufficient provider data, decision by ITD/DHS team to push implementation 3/31/2012.

Schedule Objectives					
Met/ Not Met	Original Baseline Schedule (in Months)	Final Baseline Schedule (in Months)	Actual Schedule (in Months)	Variance to Original Baseline	Variance to Final Baseline
Not Met	12	13	21	60.3%	44%

Budget Objectives					
Met/ Not Met	Original Baseline Budget	Final Baseline Budget	Actual Costs	Variance to Original Baseline	Variance to Final Baseline
Met	$909,410	$909,410	$950,028	4.4%	4.4%

Major Scope Changes
• Post Implementation support and extending the project from 12/30/2011 to 4/30/2012.

Lessons Learned
• Need a better definition of team member roles and responsibilities

Success Stories
• The state has come away with a far better understanding of the information that we receive and send and are much better equipped to work with our trading partners and provider community