

North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

April 1, 2013

Mr. Mark Trogdon, Director
Fiscal Research Division
North Carolina General Assembly
Room 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Mr. Trogdon:

Sections 10.41.(d) and (e) of Session Law 2009-451 (Senate Bill 202) require the Department of Health and Human Services to report on the replacement Medicaid Management Information System (MMIS) on a quarterly basis. The Department is pleased to submit the attached report containing a status update, financial update and schedule incorporating federal and State project management and review requirements covering the period of November 1, 2012 through January 31, 2013.

System modifications and schedule changes are being accommodated within existing project funding and schedule constraints. Thus, the Replacement MMIS Project is on schedule for Go-Live on July 1, 2013.

Please direct all questions regarding this report to Edward Riley at (919) 647-8326.

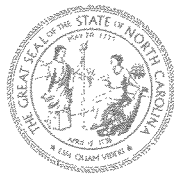
Sincerely,

A handwritten signature in black ink, appearing to read "Aldona Wos".

Aldona Wos, M.D.
Secretary

Enclosure

cc: Joseph Cooper, Jr. Pam Kilpatrick
Adam Sholar Sarah Riser
Jim Slate Kristi Huff
Angeline Sligh Susan Jacobs
Patricia Porter
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April 1, 2013

The Honorable Louis Pate, Co-Chair
Appropriations on Health and Human Services
North Carolina Senate
Room 1028, Legislative Building
Raleigh, NC 27601-2808

The Honorable Ralph Hise, Co-Chair
Appropriations on Health and Human Services
North Carolina Senate
Room 1026, Legislative Building
Raleigh, NC 27601-2808

Dear Senators Pate and Hise:

Sections 10.41.(d) and (e) of Session Law 2009-451 (Senate Bill 202) require the Department of Health and Human Services to report on the replacement Medicaid Management Information System (MMIS) on a quarterly basis. The Department is pleased to submit the attached report containing a status update, financial update and schedule incorporating federal and State project management and review requirements covering the period of November 1, 2012 through January 31, 2013.

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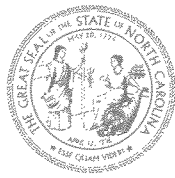
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April 1, 2013

The Honorable Justin Burr, Chair
House Appropriations Committee
North Carolina House of Representatives
Room 307A, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable Nelson Dollar, Chair
House Appropriations Committee
North Carolina House of Representatives
Room 307B1, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable Bryan Holloway, Chair
House Appropriations Committee
North Carolina House of Representatives
Room 305, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable Linda P. Johnson, Chair
House Appropriations Committee
North Carolina House of Representatives
Room 301D, Legislative Office Building
Raleigh, NC 27603-5925

Dear Representatives Burr, Holloway, Dollar and Johnson:

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North Carolina Department of Health and Human Services

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April 1, 2013

The Honorable Peter Brunstetter, Co-Chair
Appropriations/Base Budget Committee
North Carolina Senate
Room 2022, Legislative Building
Raleigh, NC 27601-2808

The Honorable Harry Brown
Appropriations/Base Budget Committee
North Carolina Senate
Room 300-B, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable Neal Hunt, Co-Chair
Appropriations/ Base Budget Committee
North Carolina Senate
Room 309, Legislative Office Building
Raleigh, NC 27603-5925

Dear Senators Brunstetter, Hunt and Brown:

Sections 10.41.(d) and (e) of Session Law 2009-451 (Senate Bill 202) require the Department of Health and Human Services to report on the replacement Medicaid Management Information System (MMIS) on a quarterly basis. The Department is pleased to submit the attached report containing a status update, financial update and schedule incorporating federal and State project management and review requirements covering the period of November 1, 2012 through January 31, 2013.

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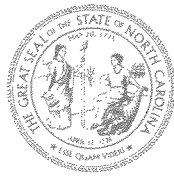
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April 1, 2013

The Honorable Marilyn Avila, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 2217, Legislative Building
Raleigh, NC 27601-1096

The Honorable Mark Hollo, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 639, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable William D. Brisson, Chair
Appropriations Subcommittee on Health and
Human Services
North Carolina House of Representatives
Room 405, Legislative Office Building
Raleigh, NC 27603-5925

Dear Representatives Avila, Brisson and Hollo:

Sections 10.41.(d) and (e) of Session Law 2009-451 (Senate Bill 202) require the Department of Health and Human Services to report on the replacement Medicaid Management Information System (MMIS) on a quarterly basis. The Department is pleased to submit the attached report containing a status update, financial update and schedule incorporating federal and State project management and review requirements covering the period of November 1, 2012 through January 31, 2013.

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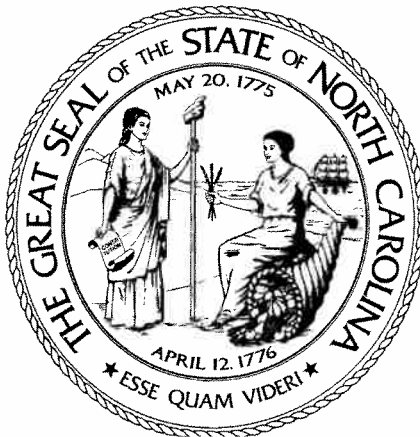
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NC MEDICAID MANAGEMENT INFORMATION SYSTEM+ (NCMMIS+) PROGRAM

Quarterly Report to the North Carolina General Assembly November 2012 – January 2013



**State of North Carolina
Department of Health and Human Services**

April 1, 2013



DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCMMIS+ Program Quarterly Report

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INTRODUCTION

In June 2008, the NC General Assembly passed Session Law 2008-107, House Bill 2436, of which Sections 10.9.(c), (d), and (e) required quarterly reporting in regard to the Replacement Medicaid Management Information System (MMIS). In accordance with this law, the North Carolina Department of Health and Human Services (NC DHHS) began submitting quarterly reports on March 1, 2009. Session Law 2009-451 and Session Law 2011-145, Section 10.29.(h) continued the quarterly reporting requirements as follows:

“SECTION 10.29.(h) Beginning July 1, 2011, the Department shall make quarterly reports on the progress of the development and implementation of the replacement MMIS. This report shall include any changes, or anticipated changes, in the scope, functionality, or projected costs. This report shall include any changes to any replacement MMIS vendor contracts and shall provide a detailed explanation of those changes and the associated cost increases. Each report shall be made to the Chairs of the House of Representatives Committee on Appropriations and the House of Representatives Subcommittee on Health and Human Services, the Chairs of the Senate Committee on Appropriations and the Senate Appropriations Committee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Information Technology, the Fiscal Research Division, and the Office of State Budget and Management. A copy of the final report on each contract or amendment award shall also be submitted to the Joint Legislative Oversight Commission on Governmental Operations.”

EXECUTIVE SUMMARY

The Replacement MMIS+ Project, which will result in the creation of NCTracks, the Replacement MMIS+, is on schedule for Go-Live on July 1, 2013. User Acceptance Test 1 (UAT1) is nearing completion. All remaining UAT1 testing is on schedule to end February 22, 2013. Trading partner certification setup, configuration, companion guides, and outreach to 500 trading partners have been completed. *User Acceptance Testing for Providers* concluded on January 11, 2013, having conducted six sessions with a number of provider groups' staff. The November 2012 Edition of the “NCTracks Connections” provider newsletter covered key information—including the use of a North Carolina Identity Management (NCID) identifier. The State has identified a number of claims for Independent Verification and Validation (IV&V) to review for payment accuracy validation. Also, two of the five cycles planned for Production Simulation Testing were completed.

The Reporting and Analytics (R&A) Project is on schedule for the vendor, Truven Health Analytics, to begin receiving and using NCTracks data from the Replacement MMIS+ Vendor, CSC, on July 1, 2013. Truven has acquired data center hosting space in Dallas, Texas at no additional cost to DHHS, and the current development and test environments will be moved to Dallas on April 30, 2013. The delay in receiving data from CSC for System Integration Test 3 (SIT3) was rectified on November 22, 2012, and included a method to provide incremental data updates from NCTracks to the R&A system. Truven continued development of DHHS Dashboards reports using the SAS software platform. OMMISS



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submitted documentation to execute a Final Security Assessment for R&A prior to the July 1, 2013 implementation date. The R&A early implementation of Java Surveillance Utilization Review System (JSURS) and the R&A State Health Plan Interface projects were satisfactorily delivered on time.

The DHSR BPAS Project completed implementation of Stage 1, the Unified Data Source, Stage 2, Certificate of Need, and Stage 3, Construction, and all are in full production status. Stage 4, Licensure and Certification, and Stage 5, Health Care Personnel Registry (HCPR) and CARE (Center for Aide Registration & Education), have transitioned to Go-Live status. Stage 6, the Web, is pending the approval of a contract amendment. The Business Requirements for Stage 7, Areas of Commonality, have been completed and the related Planning document has been accepted. Since January 31, 2013, the DHSR BPAS project has been running significantly behind schedule and a contract amendment has been initiated to divert development resources to fix a key database structure issue. This amendment also provides for the use of an operations modification pool and operations support funding to address the expanded Online License Renewal requirements.

Estimated project expenditures have changed from 1.64% under the ITS-approved budget in the January 1, 2013 quarterly report, to 0.51% under the ITS-approved budget in the April 1, 2013 quarterly report.

STATUS

Replacement MMIS Project

Project Overview

The purpose of the MMIS Replacement System Project is to design, develop, and install a componentized, integrated, multi-payer Replacement MMIS claims processing system (to include Fiscal Agent operations) with business and technical processes that will satisfy all DHHS requirements, and to provide training for all users prior to implementation of the system. Replacement of the legacy Medicaid Management Information System with a multi-payer claims processing system will support the Division of Medical Assistance (DMA), the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH), the Division of Public Health (DPH), and the Office of Rural Health and Community Care (ORHCC).

Project Phase: Execution and Build

Accomplishments:

Round 2 of User Acceptance Test 1 (UAT1) ended on November 2 with 728 test cases executed by the State with a 74% pass rate. Round 3 of UAT1 began on November 5, 2012, and ended, as planned, on December 7. The resulting financial check write included claims entered by the Round 3 testers, as well as claims that were added from the Production Simulation Test (PST) and adjudicated in UAT2 to boost the claim volume for the check write. The Round 3 check write processed 6417 transactions from 17 different claims types with results from all claims statuses, consisting of 1748 paid claims, 2552 denied claims, and 2117 pended claims. This check write processed claims for DMA, DMH and DPH,



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consisting of original and adjusted claims, and produced remittance advices for 678 providers.

The State concluded Round 4 testing in the UAT2 environment on January 16, 2013, and CSC disabled the UAT2 environment as scheduled. For the remainder of the initial user acceptance testing period, scheduled to end February 22, 2013, all testing has moved to the UAT1 environment, previously used only for End to End (E2E) testing. The State will use the UAT1 environment to focus on the testing of defects that have been corrected by CSC, and to complete E2E testing.

Trading partner certification setup, configuration, companion guides, and outreach to 500 trading partners have been completed. Invitations to begin testing have been sent to ten trading partners. Thus far, one trading partner has completed certification.

Point of sale (POS) switch testing with the vendor, QSI, was conducted the week of December 7. Twenty-eight claims were successfully processed during a two-hour testing window.

User Acceptance Testing for Providers began on November 13, 2012, and concluded on January 11, 2013, having conducted six sessions with a number of provider groups, such as dental, public health and pediatric providers, Novant Health, Community Care of North Carolina (CCNC), nursing homes, homecare and hospice agencies, Local Management Entities (LMEs) and the North Carolina Hospital Association. The State hosted six sessions that included an NCTracks Overview and training on the Provider Portal, Security Login, Recipient Eligibility, Prior Approval, and Claims Processing. Providers submitted claims for adjudication in NCTracks and reviewed the resulting remittance advices. Overall feedback from the provider groups was positive. Providers were pleased to have the opportunity to participate in and get hands-on exposure to the new system. Participants were patient as the Project Team worked through issues and implemented workarounds needed to complete claims adjudication in the UAT environment.

The November 2012 Edition of the "NCTracks Connections" newsletter included information to providers regarding the use of and need for a North Carolina Identity Management (NCID) identifier. The State published the "RAMP UP to ICD-10: Research" article and the December 2012 "Fun Fact Sheet" to external and internal audiences respectively. Articles submitted to the Joint Provider Communications Team for future editions of the newsletter included: "Currently Enrolled Provider Application," "e-Signature," "Taxonomy," "Training Approach" and "Remittance Advice (RA) Changes."

Articles in progress include "Trading Partner Testing," "Currently Enrolled Provider," as well as a list of "canned" emails that will be distributed from the Ramp Management tool.

The State has identified a number of claims for Independent Verification and Validation (IV&V) to review for payment accuracy validation. The list of claims information provided includes professional claims covering four National Provider Identification numbers, and institutional claims that contain both inpatient and outpatient claims.

Work In Progress

The UAT1 focus is centered on re-executing those failed UAT2 test cases for which CSC has submitted a defect fix, as well as supporting the ongoing efforts of the E2E Testing. The Project Team will be involved in test cases and defect clean-up, involving either the re-



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execution of previously defective cases or confirmation that the defects have been resolved. UAT1 testing continues with the review of the test results related to Annual Procedure Code Updates, the File Maintenance Request (FMR) system, the LME eligibility file, and processes, voids, adjustments, and reversals.

E2E testing concluded with the review of the check write run and associated remittance advices for Cycle 1 in January 2013. A total of twelve DMA claims for eight providers were included in this check write, resulting in ten paid claims and two suspended claims. The E2E Cycle 2 testing is underway to build additional claims with which to examine account receivables and recoupment functionality, as well as to further explore multi-payer and multi-line claims processing.

The State and CSC continue to work together to develop alternative approaches for using Healthcare Provider Taxonomy Codes levels for provider enrollment and claims processing within NCTracks. The Legacy MMIS used a North Carolina-specific provider type and specialty (PTPS) approach to validate and process claims. Providers with a certain PTPS, for example, would perform certain procedures and be compensated at a prescribed rate. NCTracks uses a nationally standardized set of taxonomic values to process claims. Providers enroll with the taxonomy that represents their certifications. Claims submitted by a provider must include a taxonomy that matches a taxonomy appearing in their enrollment record, thus qualifying them to be paid for the claimed procedure. A crosswalk, or conversion table, was used to move a provider from the Legacy PTPS solution to the NCTracks taxonomy. NCTracks and the Legacy conversion were designed to operate at "level three" taxonomy, in most cases. It has been discovered through testing that, in many cases, this is not appropriate. For example, nurse practitioners can be licensed at "level two" without addition specialization. CSC and the State are meeting daily to work through solutions to this issue.

Discussions continue with CSC and the State on the modifications required for accepting the longer-than-expected Legacy eligibility case number. The Legacy Eligibility Information System (EIS), the basis for the Replacement MMIS design in 2010, used an 8-digit case number. As the State has completed its design of the new eligibility system, NC FAST, it has become apparent that, due to a number of factors, the case identification numbers will be consumed faster than anticipated, requiring a number larger than 8 digits. A potential workaround has been developed by the DHHS Division of Information Resource Management (DIRM) and is under review by CSC. Since the evolution of EIS, a range of case identification numbers was assigned to each county to manage the services provided to their recipients. DIRM has determined that there is a pool of approximately 88 million case numbers in the EIS Legacy System that has never been assigned to a recipient by the county workers. The workaround under review is to use these Legacy case numbers in NCTracks and crosswalk them to the corresponding case identification number from the new eligibility solution. The impact of this workaround to the Reporting & Analytics Data Warehouse is also under review.

CSC and the State meet weekly to assess the progress in addressing the provider data quality concerns related to issues found during UAT, provider UAT and the comparative testing portion of PST. Plans have been identified to correct discrepancies on the provider record, update taxonomy levels for DMH providers, and collect DPH recipient data not currently in NCTracks. Resolutions of the known data issues are needed in time for the next Legacy data conversion planned with data processed through February 22, 2013. This



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Legacy conversion will be used to support the upcoming Final Integration Test (FIT), PST, UAT, and Provider Operational Preparedness (POP) testing.

OMMISS Management attended the entrance conference for the Office of State Auditor (OSA) audit of the security controls, UAT, and PST for the Replacement MMIS Project. Initial interviews and information gathering for the audit began January 28, 2013.

OMMISS met with Divisional Program Executives (DPEs) from DMH, DMA, and DPH to discuss their concerns about functionality that needs more testing. Information from this meeting will be input to planning the testing strategies for the remainder of the current UAT period, which ends February 22, 2013, and the four-week UAT in May 2013. DMA staff noted that user IDs, system access and data mining were the most problematic areas of the test effort. While plans for May testing are formulated, a Lessons Learned Session will be held to ensure concerns are addressed.

In the initial run of the reports for the various functional areas, much of the data content of the reports the State reviewed was not correct. In one functional area, 100 percent of the reports failed with incorrect content. Other functional areas failed with 50 to 60 percent of the reports providing incorrect content. During UAT, the State executed a subset of the total reports planned for operations and found the accuracy of this limited number of reports to be less than expected. Therefore, CSC and the State are working on a plan to review more reports.

Meetings are underway between CSC and the State to discuss Deployment and Rollout Plans. The initial discussions focused on defining the complete inventory of the tasks that need to be accomplished. Follow up topics will include plans/activities for communications and Blackout Periods and Restrictions, as well as Cutover Pend Resolution. A meeting was also held to review Truven Health Analytics' deployment requirements, timelines for key deployment deliveries, and schedules for incremental deliveries and data reconciliation reports.

Communications are under development for distribution via the provider associations' newsletters and websites offering to conduct presentations to raise NCTracks awareness and asking for their help in communicating information about pre-Go-Live activities. Provider Operations Preparedness (POP) activities are underway to obtain additional information (National Provider Identifier [NPI], email address, etc.) for the 551 providers identified for the POP's first wave.

A State workgroup is identifying Change Service Requests (CSRs) that have been implemented in the Legacy Systems which will not be implemented in NCTracks by the Go-Live date. Sub-workgroups will be formed, by functional areas, to review the CSRs to determine if the changes will cause NCTracks to be out of sync with the Legacy Systems and to identify any necessary workaround functionality. The first such sub-workgroup will review Pharmacy CSRs.

Production Simulation Test (PST) Testing Status

CSC has completed two of the five cycles planned for PST.



Reporting & Analytics (R&A) Project

Project Overview

The purpose of the R&A project is to design, develop, and launch a centralized integrated claims payment data repository for improved decision support analytics capability by a broader spectrum of DHHS staff. The R&A system will satisfy all DHHS requirements for monitoring and assessing trends in the delivery of health care, expenditures, and outcomes for improved policy decisions for DHHS-administered programs.

Accomplishments

Changes are occurring in Truven's account management and Truven is keeping the State engaged on any additional changes. Truven has acquired data center hosting space to implement the R&A production system at no additional cost to DHHS. The development and test environments currently located at the Truven Data Center in Eagan, Minnesota will be moved to the new Truven Dallas (Texas) Data Center on April 30, 2013.

Design and Configuration Tasks

CSC, OMMISS, and Truven, continue discussions on the exchange of data needed between R&A and NCTracks. The delay in receiving data for System Integration Test 3 (SIT3) was rectified on November 22, 2012. CSC has developed a method to provide incremental data updates from NCTracks to the R&A system. Testing of this critical process continues for UAT and for the production updates from NCTracks post July 1, 2013. CSC provided a deployment plan to OMMISS which is pending approval by the State and includes engaging Truven in operational planning activities. Truven and OMMISS continue to meet weekly regarding specific tasks, action items, and to coordinate "touch point" meetings with CSC to ensure information is communicated timely and efficiently.

Truven continues to mature the design of the R&A system. Currently, CSRs have been submitted to supply extracted data to DMA Managed Care Organizations and other contracted vendors. Additional CSRs are progressing through the change management process for additional reports and queries not originally included in the RFP, but that are needed for the July 1, 2013 release of NCTracks.

Truven continues development of the DHHS Dashboards reports using the SAS software platform. Dashboards are used by program managers and administrators to monitor Key Performance Indicators (KPIs) specific to DHHS-administered programs. The dashboards will provide improved guidance capabilities for prevention and intervention programs within Medicaid and, potentially, other areas within DMH and DPH.

OMMISS submitted the documentation to execute a Final Security Assessment for R&A prior to the July 1, 2013 implementation date. Truven and OMMISS are working together to ensure that State and federal requirements are met for authorization and authentication of R&A users.

Testing Activity



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CSC provided an initial data extract of the MMIS-converted claims history utilized for the R&A SIT2, which Truven successfully completed October 29, 2012. Truven began SIT3 on November 15, 2012. OMMISS is working with Truven and CSC to address challenges with the delivery of test data from NCTracks to R&A.

OMMISS continues the planning effort for UAT. The R&A Team and Division Subject Matter Experts (SMEs) began joint UAT planning on October 22, 2012. Entrance and exit criteria will be developed and discussed with Truven. The proposed entrance criteria will consider open defect resolution levels and passed test cases in determining UAT readiness. Work continues on the development of test scenarios to be used in creating the associated UAT cases. The team will review the processes with sections of each DHHS division to determine the functionality to be tested. Truven conducted training on the R&A System Data Warehouse and the Advantage Suite Decision Support System (DSS) from November 13 through 15, 2012 for the R&A Team and select Division SMEs.

Early Java Surveillance Utilization Review System (EJSURS)

The EJSURS R&A project has been delivered, thus providing the DMA Program Integrity Unit with an initial implementation of a centralized claims data repository to improve fraud, waste, and abuse detection capabilities. The production system was certified by CMS on September 24, 2012. Additional training sessions were completed on October 19, 2012. All design and testing documentation submitted has been approved and OMMISS is working to formally add the service level agreements (SLAs) for the production system and operational processes monitoring to the contract.

North Carolina State Health Plan (SHP)

Truven has delivered the functionality that allows the R&A system to comply with Session Law 2009-451 Section 10.41.(f), which requires DHHS to ensure that the solution developed in the R&A Project supports the capability, in its initial implementation, to interface with the SHP. UAT of this initial implementation was completed on August 14, 2012, and the solution was delivered for formal evaluation by the SHP staff on September 7, 2012. OMMISS and Truven continue to support SHP staff by providing tools education and contract pricing information during the evaluation period, which ended December 29, 2012. Upon completion of the evaluation, SHP staff and management will notify OMMISS if they desire to continue with operations support of the solution beyond this initial implementation.

DHSR Business Process Automation System (BPAS) Project



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PROJECT OVERVIEW

The Division of Health Service Regulation (DHSR) is responsible for the allocation, approval, licensing, and inspection of regulated facilities, services, and medical equipment in the State of North Carolina. DHSR decisions are essential to managing North Carolina's Medicaid Program. The DHSR BPAS Project will provide the means for integrating essential business processes and data among DMA, DMH, and DHSR.

Accomplishments:

The DHSR BPAS Project has completed implementation of Stage 1, the Unified Data Source, Stage 2, Certificate of Need, and Stage 3, Construction, and all are in full production status.

The DHSR BPAS is currently the system of record for Certificate of Need.

The DHSR BPAS is being used in all critical areas of Construction, but, as a safe guard, will require some data entry until all BPAS component enhancements are complete.

Stage 4, Licensure and Certification, has transitioned to a Go-Live status, with all previous UAT issues and structural concerns addressed. During the Go-Live period, the operations support agreement is in effect, and the business users will conduct functional testing and enhancements of the BPAS system to bring it to a ready-for-Production cutover status. Stage 4 Interface Testing is underway and a testing environment will be available to DIRM in early February 2013.

Stage 5, Health Care Personnel Registry (HCPR) and CARE (Center for Aide Registration & Education), has transitioned to Go-Live status, having addressed all previous UAT issues. During the Go-Live period, the operations support agreement is in effect, and the business users will conduct functional testing and enhancements of the BPAS system to bring it to a ready-for-Production cutover status. Stage 5, Interface Testing, is underway, and a testing environment will be available to DIRM in early February 2013.

Due to the expansion of the Online License Renewal (OLR) requirements, a revised plan for Stage 6, the Web, is pending the approval of a contract amendment. The business requirements have been accepted by DHSR and OMMISS, and the Web specifications are in development. Once approved, the OLR public facing web pages can be developed, and the Web Pilot can be scheduled and executed.

DHSR and the Vendor have come to an agreement that the BPAS database is structured improperly and that long-term use of the current structure may compromise both the usefulness of the system and the way data is reported. A correction to this structure is included in the contract amendment, and the restructured database will be available in May 2013. Several Stage 5 and Stage 6 activities, such as full interface testing and output creation, will be postponed until this restructuring is in place. The contract amendment, which will extend the development effort, has not been approved at this time.

Stage 7, Areas of Commonality, has completed the Business Requirements and the Planning document has been accepted.



RECENT UPDATES

Truven and DHHS executed a contract amendment that realigns interim milestone dates during the January to July 2013 timeframe while maintaining the July 1, 2013 date that the R&A system and Replacement MMIS will be ready to accept data.

The DHSR BPAS project is running significantly behind schedule and a contract amendment has been initiated to divert development resources to fix a key database structure. This amendment also provides for the use of an operations modification pool and operations support funding to address the expanded Online License Renewal requirements.

CHANGE REQUESTS

The Replacement MMIS has developed a Change Management Plan (CMP) to ensure changes in the size, scope, complexity, and length of the Project are appropriately planned and managed. The CMP documents the multiple levels of reviews and approvals that are required before a change is executed. The final review within DHHS is the multi-divisional Change Control Body (CCB).

After execution of the initial CSC Contract, Congress passed the American Recovery and Reinvestment Act (ARRA), which included funds for Health Information Technology (HIT). Incentive payments to Medicaid providers for investing in HIT infrastructure are a component of ARRA. DHHS is leveraging its existing contract with CSC to implement the incentive payments. For that reason, changes are separated in tables below to distinguish changes to the Replacement MMIS versus HIT.

Contract amendment #2 with CSC identified several pools for changes:

- 1) Changes approved at the time of contract negotiations equaled \$6,720,749
- 2) Modification pool for future DDI changes equaled \$20,100,000
- 3) Health Information Technology (HIT) modification pool, non-MMIS, for future HIT changes, equaled \$15,277,760

Replacement MMIS

Amendment 2 approved CSR statistics are reported below. These statistics reflect CSRs reported against the \$20,100,000 CSR Capacity Pool. Pre-Amendment 2 CSR statistics are no longer being reported.

Amendment # 2 CSR Statistics for MMIS

	Prior to November 2012	November 2012 – January 2013	Total
No Cost CSRs	82	9	91
Cost CSRs	284	21	305
Number of Approved CSRs	366	30	396



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Cost of Approved CSRs	\$12,684,717	\$2,012,338	\$14,697,055
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CSR Capacity Pool \$20,100,000
 CSRs Approved through 1/31/2013 \$14,697,055
 Balance Remaining until 06/30/2013 \$ 5,402,945

HIT

The approved CSR statistics for HIT are shown below:

CSR Statistics for HIT (Non-MMIS)

	Prior to Nov 2012	Nov 2012 – Jan 2013 2012	Total
No Cost CSRs	2	0	2
Cost CSRs	17	4	21
Number of Approved CSRs	19	4	23
Cost of Approved CSRs	\$7,087,746	\$85,518	\$7,173,264

HIT CSR Capacity Pool \$15,277,760
 CSRs Approved through 01/31/2013 \$ 7,173,264
 Balance Remaining until 06/30/2013 \$ 8,104,496

FINANCIAL UPDATE

Most development, design and implementation activities for the Replacement MMIS and R&A Projects are funded by CMS at a 90/10 federal match. Exceptions to the 90/10 match include funding for training, furniture, indirect costs (overhead) and travel for non-project specific purposes; these activities receive 50/50 federal match. Additionally, non-Medicaid functionality, such as Public Health and Mental Health, are not funded by CMS. In consideration of these factors, the “effective” federal funding rate for the MMIS DDI effort is approximately 88%.

The financial details are provided in *Appendix A–Financial Update*.

SCHEDULE

There have been changes in the Replacement MMIS schedule to reflect the completion of Final SIT and 5010 Phase 1, as well as a planned date revision for UAT completion, Production Simulation Test (PST completion, Final Data Conversion for Cutover completion,



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Training completion, Site Cutover Go/No Go Decision and Replacement MMIS Operational, as reflected in *Appendix B–NCMMIS+ Program Project Schedules*. None of these schedule changes will negatively impact the full functionality of the system at Go-Live on July 1, 2013.

The DHSR Business Process Automation System Schedule has been changed to reflect the cancellation of Stage 6 License Verification Website Implementation, the completion of Stage 7 Specification Walkthrough and Stage 7 Deliverables Cycle 1 Client Review, as well as planned date revisions for the completion of Stage 6 Online Applications Website Development and Stage 7 MMIS Replacement Interface, as indicated in *Appendix B*.

The R&A Project schedule has been changed to reflect the completion of the Data Management Plan, as well as date revisions for the completion of the Data Management Plan, QSI Extract Development, Business Continuity/Disaster Recovery Plan, SIT3, SIT3 Results Document, UAT, Submission of CDRL-39 UAT Results Document for State Review and the Execution Phase Close Out Deliverables, as indicated in *Appendix B*. None of these schedule changes will negatively impact the ability of the R&A system to begin accepting and using data from NCTracks at Go-Live on July 1, 2013.

End of Report



APPENDIX A – FINANCIAL UPDATE

Table 1 below represents total costs incurred since the inception of the NCMMIS+ Program in September 2006, through the month of January 2013. It also includes estimated costs through the implementation of the Replacement MMIS, plus one year of CMS-certification activities ending on June 30, 2014. Post-implementation maintenance and operational costs are not included in these costs.

The Program's overall estimated costs are running 0.51% under the ITS-approved budget.

Table 1: Program Costs from September 2006 – January 2013 & Estimates through CMS Certification (June 2014)

Project	Start Date	End Date	Expenditures to Date	ITS Approved Budget	Required State Funds	Current Estimated Costs	Variance
MMIS DDI	11/01/08	10/31/13	\$168,097,637	\$229,847,418	\$28,730,927	\$229,847,418	0
MMIS Early Operations	04/20/09	06/30/13	20,259,245				N/A
R&A	11/01/08	06/30/13	8,335,168	15,549,664	1,788,211	13,958,234	-1,591,430
DHSR	07/01/08	05/31/12	8,797,332	7,565,102	3,026,041	8,071,980	506,878
Program-Level Business Initiatives	02/01/07	06/30/14	14,848,438	18,244,536	2,280,567	18,180,589	-63,947
HIT Incentive Payments	01/01/11	09/30/13	9,070,558	N/A	1,023,797	10,237,969	N/A
Medicaid Forecast.	11/01/09	01/31/11	1,523,010	1,739,914	173,991	1,543,010	-196,904
Completed Projects			11,133,002	11,535,538	1,239,049	11,440,782	-94,756
Total Projects			\$242,064,390		\$38,262,584	\$293,279,982	
¹ Total ITS-Approved	09/16/06	06/30/14	\$212,734,587	\$284,482,172	\$37,238,787	\$283,042,013	-1,440,159
Variance							-0.51%

Footnotes:

¹- Total estimated cost of ITS-Approved Projects; i.e., the place-holder *MMIS DDI Changes*, *MMIS Early Operations* and *HIT* costs are not included in this total.



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Table 2 below represents State funds required for SFY 2012-13.

Since MMIS resides in a special fund within a 2-type budget code, it maintains a fund balance. Pursuant to G.S. 143C-1-2(b)(iii), the unexpended, unencumbered balance of an appropriation for the implementation of information technology projects shall not revert until the project is implemented. The fund balance on the 2011-12 fiscal year-end budget report was \$5,306,911, i.e. \$4,352,989 for MMIS and \$953,922 for HIT/HIE. In addition to earned Federal funds, receipts include transfers from other DHHS divisions. Specifically, a portion of the receipts in each year of the biennium is a prior-year earned revenue transferred as outlined in House Bill 200–Appropriations Act of 2011. The Department may use \$12,000,000 in prior-year earned revenue in SFY 2012-13 for the procurement, design, development, and implementation of the replacement MMIS.

This table addresses only the Replacement MMIS requirements. HIT/HIE requirements are noted in Table 4.

Table 2: State Funds Required for SFY 2012-2013

Project	Estimated Total Expenditures	Estimated State Funds
MMIS DDI	\$73,548,109	\$9,370,182
¹ MMIS DDI Changes	10,000,000	1,217,581
MMIS Early Operations	5,836,566	1,806,641
R&A	6,098,233	879,823
DHSR	3,881,531	1,640,467
Program-Level	3,243,853	586,917
MMIS Total	\$102,608,292	\$15,501,611
State Appropriation Balance 7/1/12		\$4,352,989
Appropriations SFY 12-13		\$12,000,000
² Estimated Cash Balance on 6/30/13		\$851,379

Footnotes:

¹- This amount has been designated as a place holder for legislative and/or Federal changes that may be required during the next fiscal year. Federal match is already approved.



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Table 3 below represents State funds required for SFY 2013-14.

Since MMIS resides in a special fund within a 2-type budget code, it maintains a fund balance. Pursuant to G.S. 143C-1-2(b)(iii), the unexpended, unencumbered balance of an appropriation for the implementation of information technology projects shall not revert until the project is implemented. The fund balance at the end of SFY 2012-13 is estimated to be \$851,379 for MMIS.

This table addresses only the Replacement MMIS requirements. HIT/HIE requirements are noted in Table 4.

Table 3: State MMIS Funds Required for SFY 2013-2014

Project	Estimated Total Expenditures	Estimated State Funds
MMIS DDI	\$13,672,710	\$1,498,597
MMIS Operations	51,078,093	7,500,000
R&A	5,973,917	109,436
DHSR	3,409,432	631,277
Program-Level	1,540,440	770,220
MMIS Total	\$75,674,592	\$10,509,530
State Appropriation Balance 7/1/13		\$851,379
Appropriations SFY 13-14		\$9,658,151
Estimated Cash Balance on 6/30/14		\$0

Footnotes:

The estimated State Funds includes only funds required for OMMISS, budget code 24410, fund 2413; it excludes \$20,409,053 in funds transferred from other DHHS divisions to support the state's share of operation and maintenance costs.



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Table 4 below represents State expenditures for HIT/HIE during SFY 11 and SFY 12 and estimated requirements for SFY 13.

This table addresses only the HIT/HIE requirements. Funding for these needs is expected through internal DHHS transfers.

Table 4: Funds Required for HIT/HIE for the Biennium

Project	Estimated Expenditures	Estimated State Funds
SFY 10-11: HIT/HIE Expenditures	\$5,113,682	\$511,368
SFY 11-12: HIT/HIE Expenditures	\$3,896,675	\$389,668
SFY 12-13: HIT/HIE Requirements	\$984,577	\$98,458

End of Appendix A

APPENDIX B – NCMMIS+ PROGRAM PROJECT SCHEDULES

Design, Development and Implementation (DDI) Replacement MMIS Schedule

Build Number	UID	Key Milestone	Planned Date	Planned Dates Revised this Report Period	Actual Date
		Award Announcement /Contract Signed	December 22, 2008		December 22, 2008
		Project Kickoff Meeting	January 5, 2009		January 5, 2009
2		Setup Baseline System Replica Environment Complete	March 3, 2009		March 3, 2009
		CSC Permanent Facility Ready for Early Occupancy	March 5, 2009		March 5, 2009
1		Project Management Portal (NCTracks) Complete	March 26, 2009		March 26, 2009
4.3		RetroDUR Early Implementation	April 6, 2009		April 6, 2009
		Final Baseline Integrated Master Schedule Submitted to the State	April 9, 2009		April 9, 2009
4.1		Provider Early Implementation Operational for Enrollment, Verification and Credentialing	April 20, 2009		April 20, 2009
		NCID Framework Complete	April 24, 2009		April 24, 2009
		Final Baseline Integrated Master Schedule Accepted by the State	April 27, 2009		April 24, 2009
		Management Plans Complete	May 7, 2009		May 7, 2009
3		Install Imaging/ Retrieval/ Printing Equipment	June 12, 2009		May 22, 2009
		Configuration Management Plan Complete	June 25, 2009		June 8, 2009
		Master Test and Quality Assurance Plan Complete	October 2, 2009		October 2, 2009
		Business Continuity/Disaster Recovery Plan Complete	October 7, 2009		October 7, 2009
0		Multi-payer Foundation Complete	March 22, 2010		March 22, 2010
6		Recipient SIT Complete	August 13, 2010		August 17, 2010
7		Eligibility Verification SIT Complete	August 20, 2010		August 17, 2010
7		Eligibility Verification UBAT Complete	September 9, 2010		September 21, 2010
8		Non-Electronic Submissions SIT Complete	October 25, 2010		November 11, 2010
6	106	Recipient UBAT Complete	January 17, 2011		January 17, 2011
8	86	Non-Electronic Submissions UBAT Complete	February 11, 2011		February 11, 2011
16.1	2703	Health Check (EPSDT) SIT Complete	April 8, 2011		April 5, 2011
17	1221	Call Center SIT Complete	May 24, 2011		May 24, 2011
12	2059	Prior Authorization SIT Complete	June 15, 2011		June 15, 2011
5	1115	Provider SIT Complete	June 7, 2011		July 7, 2011
13.1	1661	Managed Care SIT Complete	July 1, 2011		July 1, 2011
9	2275	Pharmacy Claim Adjudication SIT Complete	July 6, 2011		July 6, 2011
5	1126	Provider UBAT Complete*	October 7, 2011		October 7, 2011
16.2	1389	Drug Rebate SIT Complete**	October 31, 2011		October 31, 2011
18	1468	Automated Voice Response System/Subsystem Reporting SIT Complete	October 4, 2011		October 4, 2011
9	2299	Pharmacy Claim Adjudication UBAT Complete	June 25, 2012		June 25, 2012
14.1	2577	Reference SIT Complete	December 8, 2011		December 8, 2011



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FIT/SIT	1223	Data Conversion for FIT/SIT Complete	April 12, 2012		April 12, 2012
EA	1102	Cycle 1 Final Security Roles Deliverable Complete	March 27, 2012		March 27, 2012
15.2	1832	MAR SIT Complete	May 24, 2012		May 25, 2012
13.2	2055	TPL SIT Complete	May 30, 2012		May 25, 2012
19	5234	5010 Phase 1 SIT Complete	June 8, 2012		May 29, 2012
11/15.1	2631	Financial Claims Processing SIT Complete	June 1, 2012		June 1, 2012
10/14.2	1464	Medical/Pend Reso Claims SIT Complete	May 25, 2012		June 4, 2012
Final UAT	1159	OMMISS Completes Development of UAT Scenarios	August 7, 2012		October 1, 2012
FIT/SIT	1195	Final Integration Test Complete	July 27, 2012		July 27, 2012
Ops Manuals	1084	Operations Manual Complete	February 14, 2013	February 19, 2013	
FIT/SIT	1187	Final Performance Engineering Complete	September 4, 2012		August 31, 2012
10	1454	Medical Claims UBAT Complete	September 25, 2012		September 21, 2012
19	5351	5010 Phase 2 SIT Complete	October 11, 2012		October 11, 2012
FIT/SIT	1189	Final SIT Complete	November 16, 2012		November 21, 2013
Final UAT	1224	User Acceptance Test (UAT) Completed	January 16, 2013	March 26, 2013	
19	5123	5010 Phase 1 Complete	January 14, 2013		November 21, 2013
PST	1425	Production Simulation Test (PST) Complete	February 13, 2013	April 17, 2013	
Deployment	1177	Final Data Conversion for Cutover Complete	March 6, 2013	June 25, 2013	
Deployment	1133	Site Cutover Go/No Go Decision	March 6, 2013	June 30, 2013	
Training	4036	Training Complete	February 25, 2013	July 9, 2013	
Deployment	1144	Replacement MMIS Operational	March 11, 2013	July 1, 2013	

DHSR Business Process Automation System Schedule

UID	Key Milestone	Planned Date	Planned Dates Revised this Report Period	Actual Date
	Award Announcement /Contract Signed			October 29, 2010
6145	Discovery Phase Begins	October 29, 2010		October 29, 2010
7572	Deliver CDRL1-5 templates	November 12, 2010		November 12, 2010
2796	Project on site kickoff meetings	December 10, 2010		December 10, 2010
7785	Revised IMS submitted	January 14, 2011		January 14, 2011
9375	CDRL 4 Data Conversion and Migration Plan Complete	February 16, 2011		February 16, 2011
7560	CDRL 9 Joint Security Plan Complete	March 15, 2011		March 24, 2011
10106	Stage 1 Limited Medical Facilities Planning and Unified Data Source Business Process Definitions, Use Case Analyses, Workflow Diagrams Complete	May 4, 2011		May 4, 2011
6901	Stage 1 Limited Medical Facilities Planning and Unified Data Source Testing Plan Complete	June 6, 2011		June 6, 2011
9989	NCID Interface Specification Complete	July 8, 2011		July 8, 2011
10768	Stage 3 Construction Workflow Diagrams	June 28, 2011		June 28, 2011



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	Complete			
10767	Stage 2 Certificate of Need Data Conversion Specification Complete	July 13, 2011		July 13, 2011
7206	Stage 2 Certificate of Need Interface Specifications Complete	June 30		June 30, 2011
10782	Stage 4 Licensure and Certification - Phase 4 Search, Query & Reporting Complete	January 25, 2012		February 8, 2012
10790	Stage 4 Licensure and Certification User Guide and Reference Guide Complete	August 25, 2011		August 25, 2011
10786	Stage 4 Licensure and Certification EIS Interface Specification Complete	April 24, 2012		April 24, 2012
10791	Stage 5 Center for Aide Regulation and Education Workflow Diagrams Complete	February 3, 2012		February 3, 2012
10792	Stage 5 Health Care Personnel Registry Workflow Diagrams Complete	November 18, 2011		November 18, 2011
10795	Stage 5 Health Care Personnel Registry Output Specifications Complete	May 22, 2012		May 4, 2012
10797	Stage 5 Center for Aide Regulation and Education/Health Care Personnel Registry Board of Nursing Interface Specification Complete	August 6, 2012		July 26, 2012
7725	Stage 6 Pilot Renewal Site Specification Complete	February 13, 2012		March 13, 2012
7057	Stage 6 License Verification Website Development Complete	February 12, 2013		
7063	Stage 6 Online Applications Website Development Complete	February 14, 2013	February 18, 2013	
10807	Cancelled - Stage 6 License verification Website Implementation	Cancelled		Cancelled
7442	Reconcile State Models and Configured System Complete	May 6, 2013		
7446	Stage 7 Specification Walkthrough Complete	January 9, 2013		November 2, 2012
10016	Stage 7 AVRS Interface Complete	February 25, 2013		
10009	Stage 7 MMIS Replacement Interface Complete	January 7, 2013	February 18, 2014	
7466	Stage System Testing Complete	April 19, 2013		
7477	Stage 7 Deliverables Cycle 1 Client Review Complete	January 29, 2013		January 14, 2013
10819	Stage 7 Construction Output Specifications Complete	February 14, 2013		
7490	Stage 8 Deliverables Cycle 1 Client Review Complete	March 8, 2013		
7493	Stage 8 Transition to Operations Administrator Guide Complete	March 26, 2013		

Reporting and Analytics Schedule

UID	Key Milestone	Planned Date Per Amendment 2	Planned Dates Revised this Report Period	Actual Date
	Award Announcement /Contract Signed			June 29, 2010
30	Project Kickoff Meeting	July 7, 2010		July 15, 2010



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288	Data Summit Complete	July 20, 2010		July 26, 2010
226	Gather and Document Business Requirements	October 13, 2010		October 25, 2010
1214	Initial Test Data Submission Complete	November 2, 2010		November 19, 2010
281	Business Requirements Document Complete	September 24, 2010		March 9, 2011
366	Extract Specification Document Complete	September 23, 2010		March 17, 2011
1781	Software Development and System Engineering Plan Complete	April 6, 2011		April 6, 2011
173	Change Management Plan Complete	May 20, 2011		May 20, 2011
222	Hardware and Software Installation Complete	November 18, 2010		June 1, 2011
204	Joint Security Plan Completed	July 27, 2011		July 27, 2011
4900	DW Design Group 2 Completed	August 31, 2011		August 31, 2011
4903	DSS Design Group 1 Completed	September 30, 2011		September 30, 2011
4912	DW Load Scripts Development Group 1 Completed	October 14, 2011		October 14, 2011
1836	Acceptance Criteria for Analytic Test Plan Complete	November 9, 2011		November 9, 2011
1791	Acceptance Criteria for R&A Data Dictionary Complete	December 8, 2011		December 8, 2011
4902	DW Design Group 4 Completed	January 20, 2012		January 20, 2012
442	Data Warehouse Design Complete	February 9, 2012		February 9, 2012
523	Detailed System Design Complete	March 14, 2012		March 14, 2012
732	System Integration Test 1 Complete	April 23, 2012		April 23, 2012
6154	SHP SIT Complete	May 16, 2012		May 16, 2012
1021	Training Plan Accepted and Complete	June 12, 2012		June 12, 2012
6171	SHP SIT Results documentation	June 22, 2012		July 2, 2012
7204	E J-SURS Viewer/OLAP Training Complete	July 27, 2012		July 27, 2012
1614	Turnover Plan Complete	August 22, 2012		August 22, 2012
6211	SHP Production Build Release	August 17, 2012		September 10, 2012
7278	E J-SURS UAT Test Results Complete	October 5, 2012		September 10, 2012
7282	E J-SURS Design Model ready for Production	September 13, 2012		September 24, 2012
787	System Integration Test 2 Complete	October 29, 2012		October 29, 2012
7307	SHP Go/No Go Decision	November 29, 2012		January 25, 2013
652	QSI Development Complete	December 5, 2012	February 15, 2013	
1035	Data Management Plan Complete	December 21, 2012		December 21, 2012
589	QSI Extract Development Complete	January 3, 2013	February 15, 2013	
1007	Business Continuity/Disaster Recovery Plan Complete	January 17, 2013	February 15, 2013	
833	System Integration Test 3 Complete	February 19, 2013	March 13, 2013	
1473	SIT3 Results Document Complete	April 15, 2013	May 6, 2013	
1721	UAT Complete	June 12, 2013	July 5, 2013	
1476	Submit CDRL-39 UAT Results Document for State Review	July 3, 2013	July 12, 2013	
891	Execution Phase Close Out Deliverables Complete	August 12, 2013	August 20, 2013	
919	System Release for Production	September 2, 2013		

For a summary of the above schedule changes, please see the Schedule section on page 15 and the Recent Updates section on page 13.

End of Appendix B



APPENDIX C – BACKGROUND

Appendices C can be found in previous versions of the NCGA MMIS Quarterly Report or accessed by clicking the following link: [NCGA MMIS Quarterly Report Appendix D for April 1 2013.](#)

APPENDIX D – REPLACEMENT MMIS BENEFITS SUMMARY

Appendices D can be found in previous versions of the NCGA MMIS Quarterly Report or accessed by clicking the following link: [NCGA MMIS Quarterly Report Appendix D for April 1 2013.](#)

APPENDIX E – STATE LEGISLATIVE MANDATES

Appendices E can be found in previous versions of the NCGA MMIS Quarterly Report or accessed by clicking the following link: [NCGA MMIS Quarterly Report Appendix E for April 1 2013.](#)

APPENDIX F – REPLACEMENT MMIS BUILDS

Appendices F can be found in previous versions of the NCGA MMIS Quarterly Report or accessed by clicking the following link: [NCGA MMIS Quarterly Report Appendix F for April 1 2013.](#)