NEW MEXICO
HUMAN SERVICES DEPARTMENT

Medicaid Management Information System Replacement (MMISR) Project

PROPOSAL ADDENDUM 13 (Thirteen)
ADDENDUM TITLE: HHS 2020 Data Needs for Reporting

Created/Updated: October 4, 2016
Version: 1.02
## Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Version # and Reason for Revision</th>
<th>Requester</th>
<th>Editor/Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/31/2016</td>
<td>1.0 – Initial version</td>
<td>n/a</td>
<td>Sherri Poindexter</td>
</tr>
<tr>
<td>09/21/2016</td>
<td>1.01 – changed Vender to Offeror. Removed maintenance of reports… Added not all inclusive…</td>
<td>Russ Toal</td>
<td>Sherri Poindexter</td>
</tr>
<tr>
<td>10/04/2016</td>
<td>1.02 – RT edited</td>
<td>RT</td>
<td>RT</td>
</tr>
</tbody>
</table>
HHS 2020 reporting is dependent upon Enterprise-wide data being available through the Enterprise Service Bus.

The Data Services (DS) Offeror is expected to produce all Federal and State mandated reports as well as specifically defined reports for initial go-live. A key feature of the DS solution is for the vendor to provide knowledge transfer of the tools and initial reports to users. The lists below include the known list of State and Federal reports, the known data sources and samples of data which will be needed in order to report. This list is not intended to be all inclusive; it is intended to provide an idea of the sources and types of data on which reporting will need to be performed.

**Known State and Federal Reports across the Enterprise Solution:**

- 42 CFR 447.45
- Administrative Services Department (ASD) Reports
- ALTSD 9130
- ACL ALTSD Program Report
- Block grants
- CMS 21
- CMS 37
- CMS 64
- CMS 372
- CMS-372S Annual reports on Home and Community Based Waiver Reports
- MSIS and T-MSIS (Capitation payment records from enrollment process, eligibility characteristic data from eligibility intake process, Medicaid services processed by non-MMIS State departments, such as mental health services, utilization based on Managed Care encounter data, adjudicated claim data for inpatient hospital, long term institutional care, prescription drugs and other payment categories)
- CMS 416 (the number of children: provided child health screening services, referred for corrective treatment, receiving dental services, and the State's results in attaining goals set for the state under section 1905(r) of the Act provided according to a State's screening periodicity schedule)
- COBC
- Cost Allocation
- DRAW Report
- Drug Utilization Review (DUR)
- EPSDT (including schedules for: Tot to Teen Health Checks, Blood Lead Screenings, Dental Services, Immunizations, Well Child Visits)
- Financial and Reconciliation Reports
- HCBS Waivers
• HEDIS and HEDIS-like reports
• Hospice reports
• Long Term Care (LTC)
• MMA-Part D
• Medicare Buy-in (Bendex)
• Medicare Parts A, B, C and D
• Money Follows the Person program
• Operation of the State plan including statistical, fiscal, and others necessary for reporting and accountability as required by the Secretary of HHS
• PACE
• PASRR
• Payment Error Rate Measurement (PERM)
• Program Management & Administrative Reports
• Predictive and actual Utilization reporting (including but not limited to, drug usage, utilization and cost of services against benefit limitations, utilization of services by various member categories to determine the extent of participation and related cost)
• Production/Productivity Reports
• Steering Committee Reports
• Tax Reports including reporting requirements of section 6041 of the Internal Revenue Code (26 U.S.C. 6041) such as filing of annual information returns showing amounts paid to providers, who are identified by name, address, and social security number or employer identification number
• Waiver Program Reports

The following are known sources of data for the Enterprise solution:

• Administrative Services Division (ASD)
• Aging and Long Term Services Department (ALTSD)
• ASPEN Eligibility System
• Behavioral Health Services Division
• Brain Injury Advisory Council
• Business Process Organizations
• Census Bureau
• Center for Communicable Diseases (CDC)
• Child Support Enforcement Division (CSED)
• Children, Youth and Families Department (CYFD)
• Department of Health (DOH)
• Department of Information Technology (DoIT)
- External Quality Review Organization (EQRO)
- Fair Hearings Bureau
- Federal Veterans Administration
- Health Homes
- Health Information Exchange – Source of detailed clinical data from the patient electronic health record (EHR)
- Health Insurance eXchange
- Human Services Department (HSD)
- Income Support Division (ISD)
- Indian Health Service
- Managed Care Organizations (MCO)
- Medical Assistance Division (MAD)
- Medicare
- Mi Via/Medically Fragile Programs
- Native American Tribes with 638 facilities
- New Mexico Corrections Department
- NM HIE/NM Health Information Collaborative – source of detailed clinical
- Office of the Attorney General (OAG)
- Social Media (e.g., Facebook, Twitter, Tindr)
- School Health Office (e.g., Direct Services Paid Claim, School Eligibility Application, School Denials Report by Paid Date, Quarterly Paid Claims, Quarterly Paid Claims Detail, Total Paid Claim, etc.)
- State and Federal OIG
- State Veterans Administration
- Third Party Care Assessor
- Various state registries (Cancer, Immunization, Chronic Conditions, Substance Abuse, Syndromic Surveillance, Cancer, etc.)
- Vital Statistics
Sample Provider Data:

Provider demographics, network affiliations (including PCCM, PIHAP/PAHP), service areas, taxonomy, credentials, recovery actions, sanctions, referrals, and eligibility to perform services across the Enterprise.

Sample Member Data:

Demographic Data, Program Category of Eligibility and Dates, Geographical Information, Department of Corrections Data, Trust and Estate Recovery Data, Long Term Care Data, Waiver Data, MCO Enrollment Data, Comprehensive Assessment and Plan Data, Appeals and Grievance Data, and Registry Data across the Enterprise.

Sample Claim/Financial Data:

All data available for all financial transactions including: Claims; Accounting Transaction Requests (ATR); Capitations; Incentive payments; Recoveries; Cost Settlements; Denials and Adjustments across the Enterprise. All Enterprise-wide claim and encounter data submitted as well as system generated.

Sample Program Data:

All case management data, including service authorizations, services performed waiting lists and case notes for Enterprise partners.

Sample Other Data:

Data provided across the Enterprise that allows for assessing outcomes, supporting case and care management and support of the HHS 2020 vision.