NCTracks - Key Accomplishment

Data Warehouse up-to-date with Category of Service remapping to support forecasting for state fiscal year 2015.

Other Accomplishments

- Performing within Service Level Agreements:
  - Prior approvals
  - Claims
  - Provider enrollment, credentialing and reverification
  - Manage change requests
- Crossover re-processing – Done!
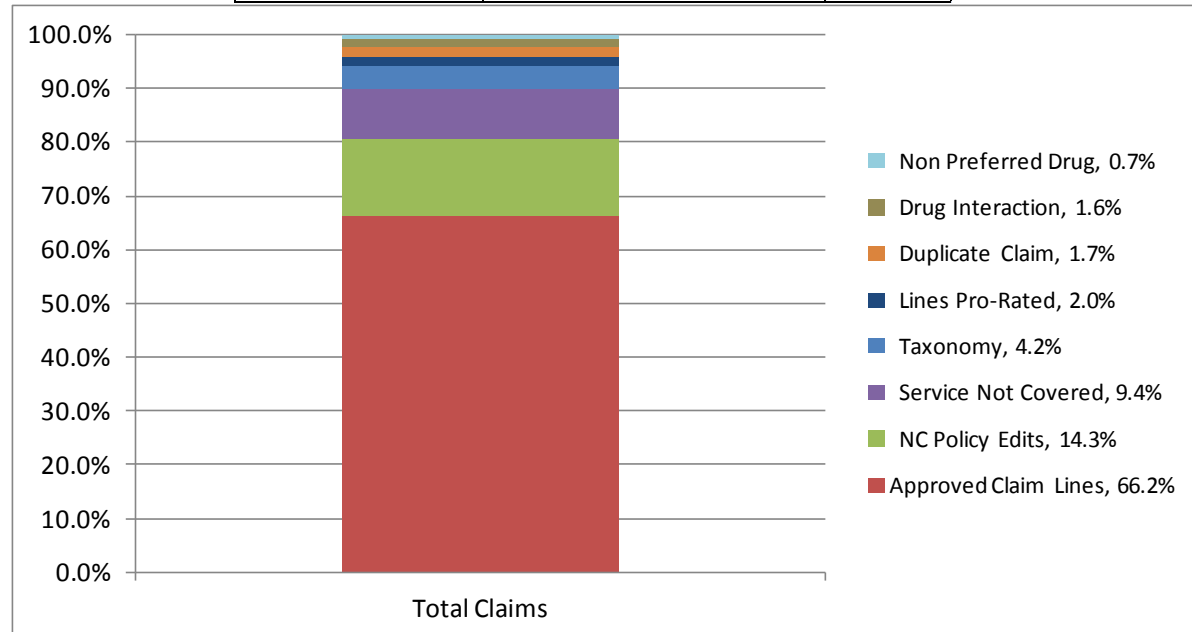- ACA enhanced payments to physicians retroactively paid back to July 2013 – March 18

Key Metrics – Claims Adjudication
Week Ending 2/28/2014

Denied/Pended Claim Lines	Non Preferred Drug, 0.7%	0.7%
	Drug Interaction, 1.6%	1.6%
	Duplicate Claim, 1.7%	1.7%
	Lines Pro-Rated, 2.0%	2.0%
	Taxonomy, 4.2%	4.2%
	Service Not Covered, 9.4%	9.4%
	NC Policy Edits, 14.3%	14.3%
Approved Claims	Approved Claim Lines, 66.2%	66.2%

PAID MEDICAID AND HEALTH CHOICE CLAIMS
Legacy vs NCTracks Comparison through February

	HP Legacy	NC Tracks
	$6,747,443,520	$6,687,444,156
	SFY 12/13 thru 2/28/2013	SFY 13/14 thru 2/25/2014
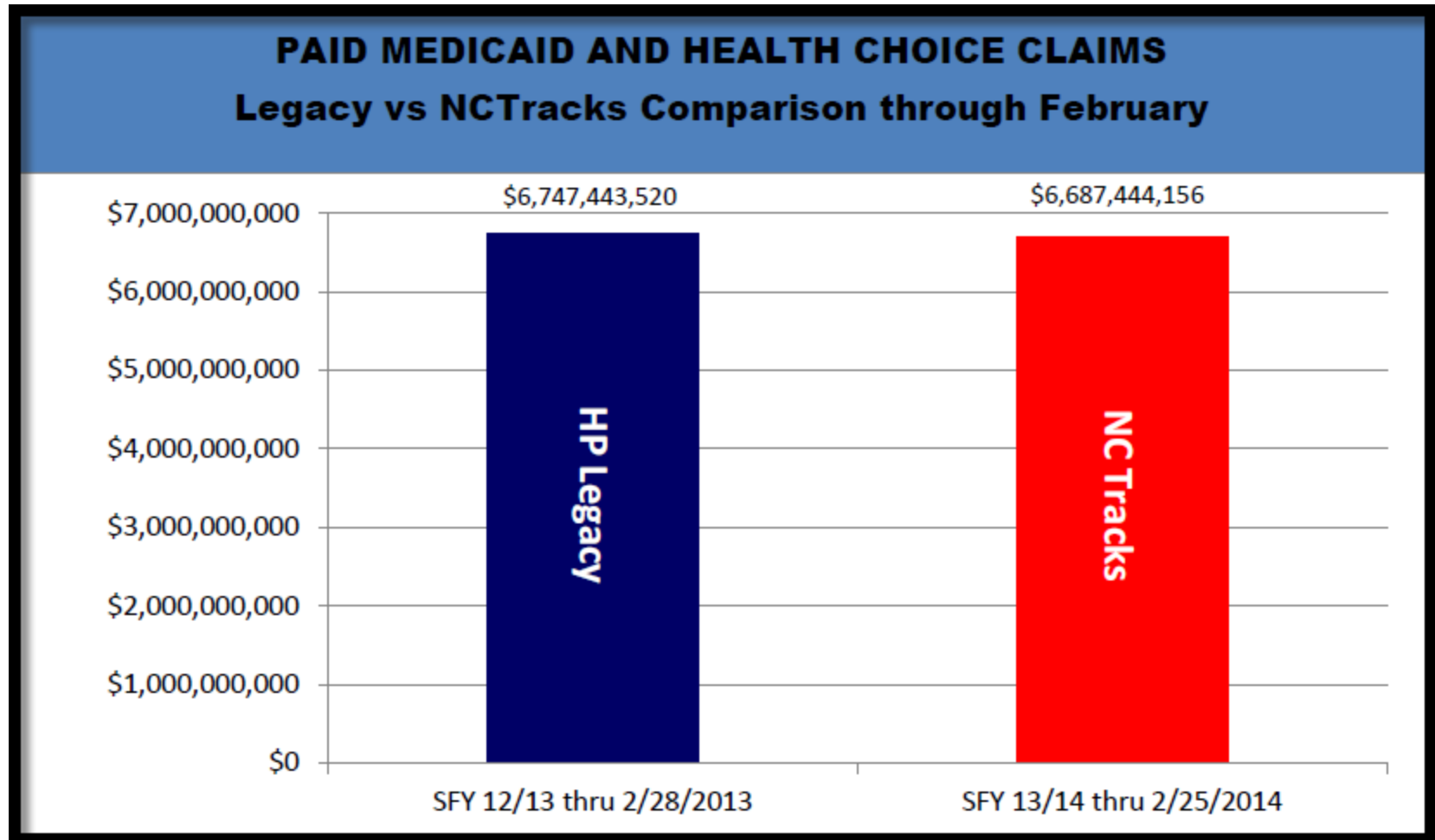
CLAIMS PROCESSING STATISTICS

Comparison Data MMIS (HP) vs NCTracks (CSC)

Time Period	Jul'12-Dec'12		Jul'13-Dec'13		Monthly average	Monthly average
	MMIS (HP)	MMIS (HP) %	NCTracks (CSC)	NCTracks (CSC) %	MMIS (HP)	NCTracks (CSC)
Paid claims	50,657,448	68%	66,487,965	81%	8,442,908	11,081,328
Denied claims	10,927,155	15%	14,421,931	18%	1,821,193	2,403,655
Pended Claims	12,908,221	17%	1,170,866	1%	2,151,370	195,144
	74,492,824		82,080,762		12,415,471	13,680,127

NCTracks Defects

- 5,141 total severity 1 – 3 defects since go-live
  - 86% have been closed
- Significantly lower defect density than industry standard
  - Standard for projects greater than 10,000 function points is 1.67 defects per function point*
  - NCTracks is operating at 0.3 defects per function point as of March 5, 2014

* Source for standard is Software Productivity Research, LLC

Provider Enrollment

New Provider Enrollments in NCTracks						
Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Total
117	477	1,469	1,553	1,840	1,402	6,858

Active Providers		
Legacy	Dec-12	92,876
NCTracks	Dec-13	95,363

Customer Service

- **NCTracks Call Center**
  - Average 83% of callers helped with first call.
  - Others promptly sent to subject matter experts.
- **Provider Help Centers continue.**
- **Presentations to Associations continue.**
- **On-site visits continue.**

Certification from Centers for Medicare and Medicaid Services

- 85% ready

- What CMS told us:

  - First multi-payer system

  - Will be judged under old process

  - Goal this summer

ICD-10 Update

- International Classification of Diseases 10th edition

- October 1 deadline for United States providers

- Great deal more complexity

NCTracks Priorities

- CMS certification - Targeted for this summer
- ICD-10 implementation required by October 1, 2014
- 5010 P2P2 going live by March 30
- Reprocess Grouper 30 and 31 (used by hospitals) back to July 2013 by April 30
- Meet service level agreements for DME and dental prior approvals by March 15
- Simplify the Office Administrator function – Design by April 4, 2014
- Simplify Managed Change requests – Still formulating requirements updates

MH/DD/SAS Health Care Information System Project VistA

SB402-Section 12.F.5

Joe Cooper

Chief Information Officer, DHHS

March 12, 2014

Executive Overview – DSOHF VistA

System	Problem Statement / Issue
• VistA - US Department of Veterans Affairs (VA) Veterans Health Information Systems and Technology Architecture • Open-source Electronic Health Record (EHR) system available at no cost via Freedom of Information Act (FOIA)	• DHHS and DMH/DSOHF requires a cost effective solution to implement a single Hospital Management system forming the basis of a compliant EHR system for Cherry, Broughton, and CRH • Implementation will require support of an outside vendor (via RFP) specializing in the open-source VistA code
Background / Actions to Date • DMH/DSOHF has conducted extensive research on viable alternatives for a cost effective and compliant EHR system • Proprietary EHR systems are not economically feasible • Central Regional Hospital (CRH) has successfully piloted VistA with the intention of replacing existing legacy Pharmacy, Medication Administration, Laboratory and Order Management components	**Recommendation** • Endorse and support DMH/DSOHF selection of VistA as the EHR preferred system given time constraints and available budget

Goals

- **Open-source VistA is selected software**
  - Used by federal VA hospitals and care clinics
  - Implementation costs limited to vendor integrator costs
  - Implement Electronic Patient Health Record (EHR) in the 3 DSOHF psychiatric hospitals
  - New infrastructure will support regional model development

- **Standardize state facilities; one EHR by lines of business**

- **Form one medical/clinical oversight committee**

- **Use lessons from Central Regional Hospital WorldVistA implementation**

Costs

- DSOHF talked with vendors; current expectations for vendor integration:
    - $750,000/hospital one-time cost
    - $50,000/hospital for ongoing support per year
- One-time cost for psychiatric hospitals paid using DMH/DSOHF 2-code IT funding
- No expectation of additional computer hardware costs

* Estimated costs. Actual costs depend on RFP response evaluations.

Schedule

July 31, 2014   RFP developed and posted
Dec. 31, 2014   Vendor selection

Cherry Hospital	Central Regional Hospital	Broughton Hospital
Feb. 1 – Dec. 1 2015	June 1 - Dec. 31 2015	Jan. 1 - Dec. 31 2016

Note: Schedule is based on New Cherry Hospital and Broughton Hospital's construction and turnover to operations schedules.

Benefits

- Enterprise-level system at dramatically affordable cost

- One vendor to support system update and maintenance

- No network or computer hardware needed in DSOHF psychiatric hospitals

- State-of-the-art Patient Health Information needed by doctors, nursing and clinical staff

- Can support patient information web portal

- Can support information exchange

CRH VistA Benefits

- Provides best practice guidance at point-of-care

- Facilitates consistent practice by all providers

- Alerts doctors to potential danger from drug allergies or interactions

- Improved doctor efficiency due to better chart access

- Provides doctors with medication cost information at point-of-providing

- Discourage prescribing high-cost medications with limited benefit over lower cost alternatives

- Alerts doctors whoa re about to order a duplicate lab test or medications