



# Medicaid Eligibility and Enrollment Toolkit

**KPMG Government Institute**

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On August 11, 2017, the Centers for Medicare and Medicaid Services (CMS) released the Medicaid Eligibility and Enrollment (E&E) Toolkit (MEET) version 1.0. Per a recent CMS communication, this toolkit was developed to provide additional technical assistance to the states and their vendor partners in the development and implementation of their E&E systems.

The MEET follows the same structure as the Medicaid Enterprise Certification Toolkit (MECT), published in August of 2016. The MECT provided guidance on how CMS intends to partner with states throughout their Medicaid Management Information System (MMIS) modernization efforts. The MEET contains a playbook and the associated documents and templates for states to comply with the new process. The playbook provides an overview of the Medicaid E&E system review process, how the process is intended to overlay with the state's development process, and what CMS expects the state and their contracted vendors to deliver at each of the three major milestone reviews.

The MEET also includes requirement checklist documentation and a list of required artifacts. A number of the checklists may be familiar as they were shared with MECT 2.1. These checklists include the information architecture (IA); technical architecture (TA), of which there are three; and the standards and conditions for the Medicaid IT checklist. The required artifacts are aligned with one or more of the milestone reviews associated with the MEET process.

## The new E&E checklist

The E&E checklist is a new addition associated with MEET. The E&E checklist is a consolidated view of the E&E requirements that:

- Have been published in separate Code of Federal Regulation(s) (CFR)
- Can be found in MITA 3.0
- Include industry best practices.

The checklist contains requirements that have also been mapped to one of 21 critical success factors (CSF), contained within security and privacy, verification, or E&E business process requirements.

## Required artifacts

The majority of the required artifacts associated with the MEET process can also be found in MECT 2.1. These artifacts are documentation and deliverables that will assist with a successful system implementation or are already required artifacts, such as an MITA self-assessment, which are not expected to increase the burden to the state during their development process. In addition, these artifacts include product-related documentation:

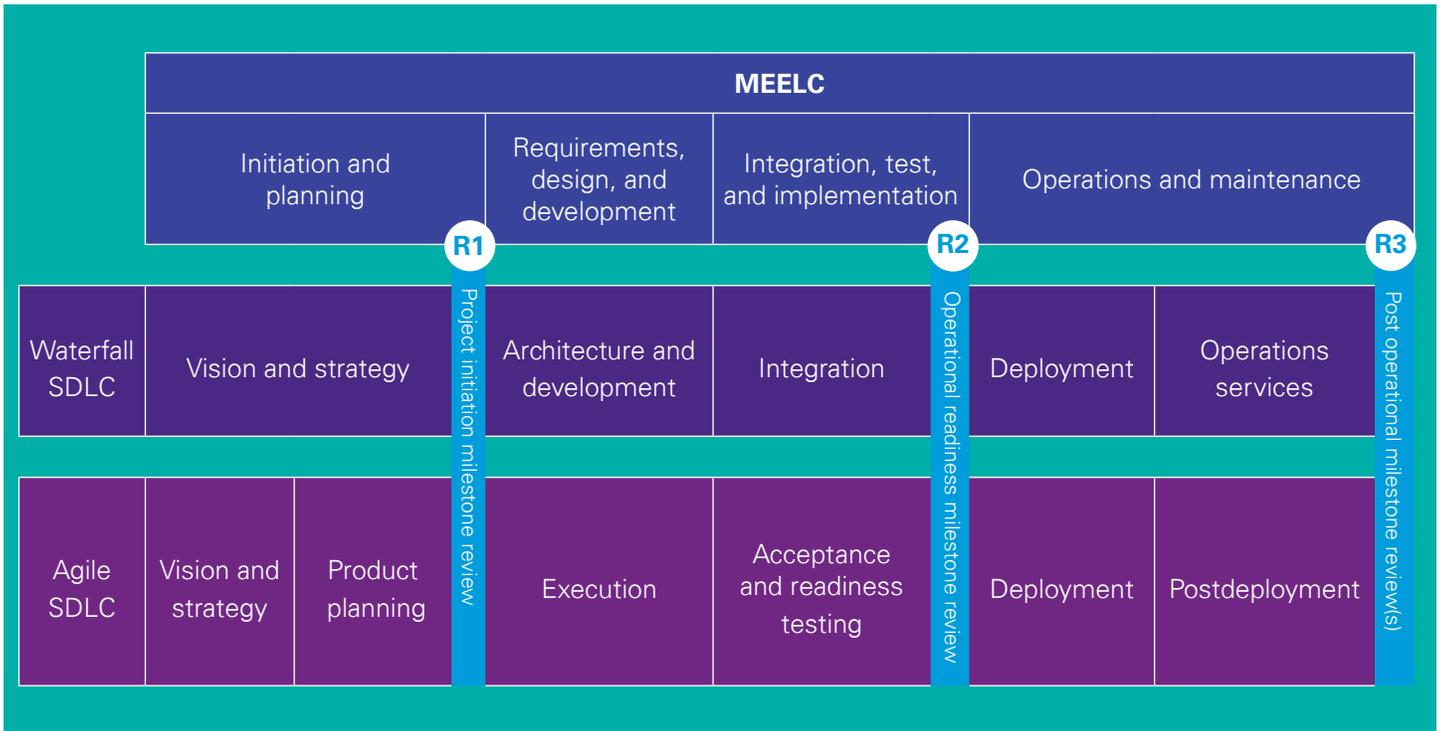
- Training materials
- Business impact analysis
- Section 508 compliance
- Operations and maintenance documentation

Test plans, test cases, and a requirements traceability matrix are also specifically listed as required artifacts in the MEET process.

## Major difference between MECT and MEET

The major difference between MECT 2.1 and MEET is the third and final milestone review (certification milestone review versus postoperational milestone review). E&E systems are not required to be certified by CMS and do not require a go/no-go decision from CMS. As such, the certification milestone within MECT 2.1 is replaced by a postoperational milestone in MEET.

The figure below depicts the Medicaid Eligibility & Enrollment Lifecycle (MEELC) spread across the four core development phases. This process is expected to fit any state-selected development process with either a waterfall, agile, or hybrid SDLC process.



### Milestone reviews

CMS uses the terminology “milestone review” to refer to the CMS reviews and to avoid confusion with state SDLC gate reviews. As a reminder, the CMS reviews do not replace a state’s SDLC gate review. CMS reviews are meant to work in conjunction with, not disrupt, a state’s SDLC. The process is meant to be scheduled during the planning phase of the project to occur at major transition points.

The new review process requires regular communication with the state’s regional office representative, but is intended to ease scheduling between a state and the CMS central office by conducting the milestone reviews within a time frame that works best for both parties. States are still responsible for overseeing their own SDLC gate review processes, including go/no-go decisions.

There are three milestone reviews that states will need to conduct during their implementation of an E&E project.

### Types of milestone reviews

**R1 – Project initiation milestone review** – The same as MECT 2.1, ensures that the state has documented goals and objectives, a solid MITA self-assessment and road map, and a technical concept of operations. In this review, the CMS team evaluates the state’s business cases, project management plan, and RFPs.

**R2 – Operational milestone review(s)** – The same as MECT 2.1, conducted during the integration, test, and implementation phase of a state’s E&E project. During this review, CMS validates the functionality and security of the system/modules ready before deployment, but does not require a go/no-go decision.

**R3 – Postoperational milestone review** – Key difference between MECT 2.1 and MEET; this milestone review will be conducted with CMS after the E&E system has been deployed. The purpose of this review is for CMS to ensure all standards and conditions for Medicaid IT as specified in 42 CFR Part 433.116 have been met.

## Transitioning to MEET

States may have an in-flight E&E project prior to the release of MEET and the new review process. In those cases, CMS recommends that the project be mapped into an appropriate phase of the new process. It is suggested to create a collaborative team from members of state and contracted vendors to map the current phase of the project to one of the phases in the review process as well as the system requirements to those in each of the checklist as the state must meet the requirements embodied in the six checklists regardless of when the project began.

## Modularity

MEET allows for the continuation of the move to modularity, treating E&E as its own stand-alone module. The modernization of an E&E module should be included in the state's enterprise project management plan, MITA documents, MITA concept of operations, advanced planning documents (APD) and acquisition strategy (should they choose to create one). The process allows for commercial off-the-shelf products or external services to support E&E systems.

## Reuse

CMS further encourages reuse within the MEET process, outlining opportunities where states can share their successes, augmented templates, and/or augmented tools relating to E&E and Medicaid enterprise systems. Reuse should be a key component in the planning and initiation phase. CMS encourages specific meetings be scheduled to discuss reuse with the state's regional office, as well as with the central office and other states who have moved through the same phase or process successfully.

## Project management office

CMS is encouraging states to set up project management offices (PMOs) to help orchestrate milestone reviews. While reviews are the primary goal for the PMO, PMOs hold value across the project's life cycle, helping to manage project plans, risk registers, risk plans, and state SDLC gate reviews; conveying overall project status; and coordinating work between vendors. PMOs are responsible for implementing activities described in the programmatic CSFs. It is important to note that while a PMO can provide project and plan oversight, it does not typically manage the integration of modules nor does it perform other technical and implementation duties better suited to the SI.

## Independent verification and validation

The MEET process restates the compliance rules for independent verification and validation (IV&V) contractors already defined in 45 CFR 95.626 and clearly highlights the need for independence from other work and the state's Medicaid agency. Although CMS has been flexible in the procurement of IV&V contractors and the scope of work

itself, this signals a renewed focus on a desire to have states align with the existing regulations to the extent possible. States should note that these regulations, while highlighted for the purposes of E&E systems in this case, may apply to all APD projects that meet any of the criteria contained in 45 CFR 95.626(a). Per the CFR, these are projects that:

- Are at risk of missing statutory or regulatory deadlines for automation that is intended to meet program requirements
- Are at risk of failing to meet a critical milestone
- Indicate the need for a new project or total system redesign
- Are developing systems under waivers pursuant to sections 452(d)(3) or 627 of the Social Security Act
- Are at risk of failure, major delay, or cost overrun in their systems development efforts
- Fail to timely and completely submit APD updates or other required systems documentation
- Put the state's procurement policies at risk, possibly due to a pattern of failing to pursue competition to the maximum extent feasible
- Demonstrate a state's failure to adequately involve the state program offices in the development and implementation of the project.

The selected IV&V vendor will be required to provide CMS with a progress report, a template provided in the toolkit, prior to each of the three milestone reviews, as well as updates on an agreed-upon reoccurring basis. For each progress report, the state will complete the associated checklists, followed by a review by the IV&V vendor who will also complete their portion of the checklists. The checklists will be appended to the complete IV&V progress report that is provide simultaneously to CMS and the state.

To support states in their efforts to engage an IV&V contractor, CMS has included mandatory procurement document language in Appendix C of the MEET. While this language can be used in any order in the state's procurement document and is not intended to cover all activities of an IV&V contract, the language must be included as written in the solicitation. The instructions point out that the scope for IV&V under operations and maintenance, which was a new requirement identified for IV&V contractors in the MECT and continued in the MEET, is not covered in this procurement language; states may define that scope as they see fit. Further, the instructions indicate that independent software testing is not to be performed by the IV&V contractor.

## Final thoughts

The new MEET mandates compliance regardless of where states are in the E&E replacement process. The 18-month window for compliance with the new mandates began August 16, 2016 and introduced potential complexities that can impact the replacement time line and cost estimates whether a state chooses to adopt a new strategy or modify an existing one to achieve compliance. Suggested next steps for states include:

1. Review the MEET in detail to gain a full understanding of the guidance and evaluate possible impacts.
2. Identify challenges to meeting the guidance based on existing plan and vendor contracts, and outline a strategy to gain alignment.
3. Begin to organize a collaborative team of state and contract vendor members focused on aligning the current project with MEET phases and checklist requirements.
4. Speak with your CMS regional office to discuss appropriate placement in the project's life cycle, challenges, and a plan to mitigate them.

## Additional resources

Enhanced Funding Requirements: Seven Conditions and Standards 1.0 – 4/2011 may be found at <https://www.medicaid.gov/AffordableCareAct/Provisions/Information-Technology-Systems-and-Data.html>

Link to MEET: <https://www.medicaid.gov/medicaid/data-and-systems/meet/index.html>

Link to MEET: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/mect.html>

State Medicaid Director Letter #16-010: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd16010.pdf>

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