Ten things to know about the Medicaid Enterprise Certification Toolkit (MECT) v2.3

KPMG Government Institute

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On August 1, 2018, the Centers for Medicare and Medicaid Services (CMS) released version 2.3 of the MECT. To most reviewers, this version of the toolkit appears to be a modest enhancement from previous releases. It serves to add clarification and additional guidance where lacking in past toolkit versions with minimal changes to criteria items.

Below are 10 noteworthy items in the new version of the toolkit:

1. Business alignment shifted by the removal of the *MITA Business Area Module Checklist Set* and the additional mapping of MITA Business Areas to each of the *MMIS Module Checklist Set* criterion outlined in the new *Appendix K – Map of MITA Business Areas to Criteria*. This enables a clean cross-reference of business needs to specific technical requirements by MMIS module using a single mapping process.

2. Existing SRC/PRC definitions, criteria and numbering remained largely unchanged in version 2.3. The table below shows the specific checklists where SRC/PRC criteria changed. This allows states already in-progress performing *MMIS Module Checklist Set* organized MECL reviews to experience minimum impact to existing Certification strategy, plans or evidence material. If the state is using the now-defunct *MITA Business Area Module Checklist Set*, it is possible to cross-reference and reuse materials.

Technical Checklists	MECT 2.2	MECT 2.3	Net Change
Access & Delivery	75	74	-1
Intermediary and Interface	14	12	-2
Totals	143	140	-3
MMIS Module Checklists	MECT 2.2	MECT 2.3	Net Change
Pharmacy	42	44	+2
Program Integrity	45	51	+6
Totals	560	568	+8

***Checklists not listed did not have SRC/PRC criteria changed.

3. Addressing state questions regarding which artifacts need to be prepared for each milestone review, CMS added *Appendix L – Milestone Review Preparation Guide* to the toolkit. This new appendix provides a sample timeline for each milestone review and recommended tasks to prepare supporting artifacts leading up to each review. Additionally, the new appendix includes tips and suggestions for the state, IV&V, and vendors to prepare for each milestone review. Finally, Appendix L also includes a readiness checklist to evaluate if the state is ready for Initiation, Operational and/or Final Certification milestone reviews. This document provides significant information on planning and organizing the modular certification effort.

4. Additional clarification is provided on the expectation of the technical resource role during Initiation, Operational and Final Certification milestones reviews. The new MECT improves the guidance information for the Information Architecture, Standards and Conditions for Medicaid IT and Technical Architecture checklists (14 MECT MMIS Module Checklist Set). Much of the new guidance identifies what will be expected during each milestone review per SRC and is further clarified in the new Appendix L. The guidance information for Pharmacy and Provider Management Checklists was similarly improved.

5. The Electronic Visit Verification (EVV) module was added in version 2.3. New SRC criteria was added under the Program Integrity Checklist reference in PE.PI1.22 through PE.PI1.26.

6. It does not appear CMS is making adoption of MECT version 2.3 an immediate requirement for MMIS modernization projects already in-flight. Several states have already started discussions with CMS to "grandfather" their active MECL reviews with MECT version 2.2 until a suitable transition point. If this strategy is being considered, the state should proactively outline their phased approach with their CMS Regional Office.

7. CMS does reserve the option to submit test cases to be executed by the state as part of milestone review activities (02 MECT Appendix A_MECL and At a Glance Sheets). Leveraging the guidelines presented in the new Appendix L along with frequent CMS touchpoints should help minimize project impact and reduce the potential of such unexpected surprises.

8. Updates were made to streamline the *IV&V Progress Report Template* and to improve usability. Still based in Microsoft Excel, the IV&V, Programmatic and CMS Response tabs remain. Project Progress and Status information can now be entered in a large, summary text field which increases text entry capacity allowing more detail. The Project Management Status section has also been dropped from the template thus reducing the overall data entry requirement. Other cell labeling and validation improvements are also included (*Appendix D – MMIS IV&V Progress Report Template*).

9. The role of the IV&V vendor is further outlined and clarified. The IV&V vendor may now advise the state and module vendors on management and technical aspects of the project by providing the results of that guidance directly to CMS also (Section 2.4). Furthermore, the IV&V vendor does not "sign off" on designs (Activity 17) and only needs to send completed checklists with milestone reviews (*Appendix C – Standard IV&V Language*) and not with each quarterly report.

10. Uploading evidence to the CMS Portal is the preferred method for states to submit certification evidence. States can also maintain their own private portal and provide CMS access where PII, PHI or other data privacy concerns exist (Section 3.1.12).

> Important housekeeping note: The CMS email address changed with release of the MECT version 2.3 toolkit to **MES@cms.hhs.gov**.

Conclusion

The MECT version 2.3 release is a useful tool for states on their MMIS modernization journey. States should evaluate their current progress in the Certification lifecycle, planned module roadmap and if they leveraged the *MITA Business Area Module Checklist Set* when planning for the adoption of MECT version 2.3. Decision points to consider include:

— If the state currently has not completed an Initiation milestone review; consider migrating to MECT version 2.3 immediately.

— If the state is currently engaged in an Operational or Final Certification milestone review; the state may want to stay with MECT version 2.2 until their current review completes. Establish a transition timeframe that minimizes project disruption and discuss "grandfathering" with the CMS Regional Office.

— If the state plans to certify an EVV module; consider migrating to MECT version 2.3 before starting any Initiation milestone planning for that module.

— If the state leveraged the *MITA Business Area Module Checklist Set*, consider migrating to MECT version 2.3 before proceeding with additional Certification milestone review activities. Establish a transition timeframe that minimizes project disruption and engage the CMS Regional Office.

— Even before formally adopting MECT version 2.3, states can seek the additional guidance available in the Information Architecture, Standards and Conditions for Medicaid IT, Technical Architecture, Pharmacy and Provider Management Checklists.

Contact us

Harvey Levin
Managing Director,
State and Local Health and
Human Services Lead
T: 401-528-2602
E: hblevin@kpmg.com

Michael Wirth
Director, Health and
Human Services
T: 804-586-8354
E: michaelwirth@kpmg.com

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