

PROJECT REVIEW

CHSS MCO CLAIMS MANAGEMENT SYSTEM



PROJECT REVIEW

- IT assigned to project September 8th
- IT reported the following in Sep COC meeting:
 - Revised deadline of November 3; Very Aggressive
 - Vendor estimated March deadline
 - Phase I included bare minimum configuration to process claims
 - Phase II (Nov 30) included reports and initial electronic processing

MCO = Medical Care Optimizer (Claims Management Software)

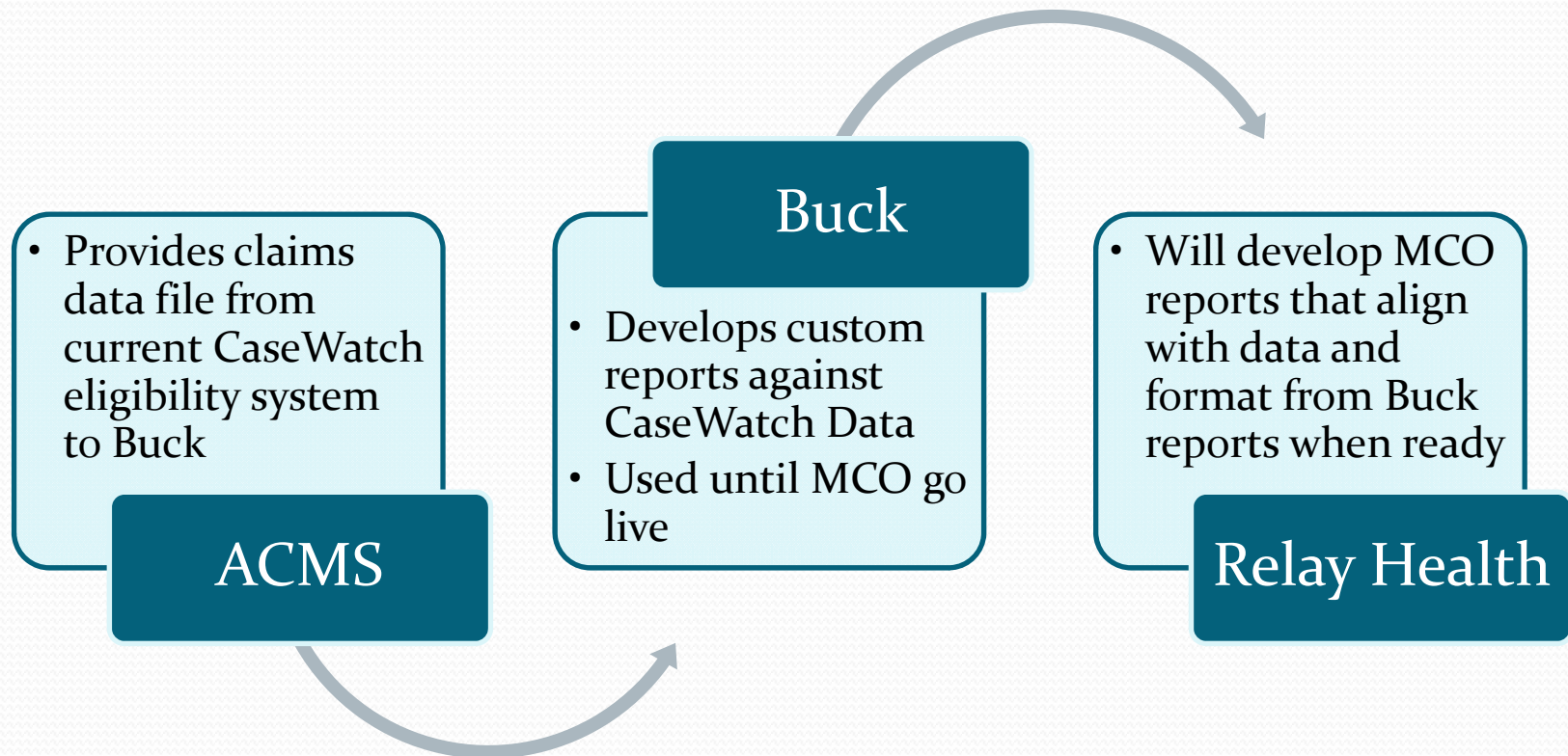
PROJECT STATUS

- Data conversion has taken longer than estimated:
 - Vendor file
 - Provider file
 - Member file

40 hours vs 300+ hours
- Remaining project items rely on data:
 - Overall System configuration
 - Configuration testing
 - End-user training (25 users)
 - 11 key management reports

REPORTS

- Multiple vendors involved in report development:



- Data inconsistencies have delayed delivery of Buck reports



LIST OF REPORTS

- Claim Lag (12 mos paid/24 mos incurred)
- Key Statistics Dashboard
- High Cost Claimants
- Utilization
- Diagnosis Code Breakdown
- Service Code Breakdown
- Providers By Type
- Inpatient Admit Detail
- Provider Cost By Type
- Provider Specialty Breakdown
- ER Visit By Diagnosis



CURRENT PROJECT SCHEDULE

- Deadline adjustment to March 2 (original vendor estimate)
- Impacts of new schedule:
 - Complete and accurate data conversion
 - Complete configuration testing and end-user training
 - Complete reports
 - Begin implementation of electronic claims
 - Target go live of February 2