

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2009-06-30
Date of Last Change to Activities: 2012-04-26
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2012-02-27
Date of Last Exhibit 300A Update: 2012-07-23
Date of Last Revision: 2012-04-26

Agency: 009 - Department of Health and Human Services **Bureau:** 38 - Centers for Medicare and Medicaid Services

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: CMS Medicaid Data Systems

2. Unique Investment Identifier (UII): 009-000000714

Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

The primary purpose of this investment is to establish an accurate, current, and comprehensive database containing standardized enrollment, eligibility, and paid claims of Medicare/Medicaid beneficiaries. This data will be used for the administration of Medicaid at the Federal level, to produce statistical reports, support Medicaid related research, and assist in the detection of fraud and abuse in the Medicare and Medicaid programs. This investment satisfies the core business function for the information needs of the Center for Medicaid, CHIP and Survey and Certification (CMCS). This investment also directly supports the PMA initiative of Expanded E-government through electronic data transmission and data sharing. It also supports the Medicaid Drug Rebate program, the Federal Upper Limits program, procurement of compendia data, State Plan Amendments, Early and Periodic Screening Diagnostic & Treatment program, Drug Data Reporting for Medicaid (DDR) web application and the DCCA Data Center (which hosts DDR and 6 other Medicaid application from another contract), the Medicaid & State Children Health Insurance Program Budget & Expenditure System (MBES/CBES), and Medicaid and grant funding. Additionally, it helps achieve the HHS Strategic goal to 'Improve health care quality, safety, cost, and value' and supports CMS' strategic goal of promoting fiscal integrity. The annual operational analysis indicates this investment continues to provide the expected benefits and fill the gap for which it was

designed and continues to be the most cost-effective solution. The Medicaid Data Systems include the Medicaid Statistical Information System (MSIS), as well as data storage (flat files, data warehouse, and data marts). Besides being the core information system for CMCS, MSIS supports much of the Medicaid research and analysis performed by the Congressional Budget Office and the Congressional Research Service. MSIS, and the accompanying data storage, are also a key resource for other Federal agencies and research projects involving Medicaid.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

This investment will close the gap in support of the mission delivery and management support by making extensive changes to the existing MSIS and significant changes to the states' MMIS. To satisfy the new requirements, the MSIS will collect and report on 300-500 additional data elements on a projected monthly collection/reporting process. This will require technical assistance for the states to 1) identify state source systems for new data elements, 2) collaborate with the State CHIP Agency for reporting data to MSIS, 3) ensure that Managed Care plans are sending necessary claims data to states, and 4) ensure and map managed care claims into MSIS. COTS tools will be introduced to extract, transform and load (ETL) data and for the Data Quality/Accuracy process. If this investment was not funded: *We will not accomplish the expansions for MSIS and MMIS changes, * Legislatively mandated systems would not operate, * Medicaid data converted for research, evaluation, and policy development purposes would cease to exist, * We will not have access to accurate, current, and comprehensive data regarding enrollment, eligibility, and paid claims of Medicaid beneficiaries, * We will not have the critical program information resources to support the MMA phasedown, identification of fraudulent Medicaid/Medicare activity, Medicaid datamart development, and potential quality of care and state performance measures, * We will not be able to accomplish improvements for fraud and abuse detection, quality monitoring and better program management, * We will not have Drug Data Reporting and the Medicaid Drug Rebate program, * Support operation of the DCCA Data Center would not occur, impacting hosting services of other critical Medicaid applications, * States will not be able to project their Medicaid and CHIP funding needs to run their Medicaid and CHIP programs and their actual expenditures could not be reported on the dollars provided to each state, * States will be unable to access the operation of their state child health plans and the progress of states reducing the number of uncovered, low-income children, * Participation and enrollment data of Medicaid CHIP and non-CHIP beneficiaries will cease to be collected, * The ability to obtain vital information for our financial statements will be hindered, and * CMS' ability to determine states annual budgets/workload for the use of budgeting and estimating future funds needs, by states, will be impacted.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

2011 Accomplishments * The amount of data collected from the States for CHIPRA, managed care, MPI and provider taxonomy has increased. * MAX contract produced Medicaid Analytic eXtract (MAX) data for 2007 and 2008 with 2009 in current production. * The SAS Data Flux pilot project began. * The new MSIS contract was awarded, including

requirements to automate the manual front-end data validation process. * To continue remodeling how MSIS data is processed, as well as accommodating downstream processing needs and reporting. * MBES/CBES Redesign - MBES/CBES implemented numerous ACA legislative updates into the system. This involved the addition of new screens for newly eligible recipients, in addition to new Medical Assistance Payment and Administration of line items that add to the reporting of the Medicaid program. * IBNRS completed 100% submission of survey data. * SC/CLIA Redesign. * Began implementation of ACA provisions and other legislative changes.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

Goals/Accomplishments for 2012: * To expand the data collected (including CHIP and Encounter data), and the frequency of collection. * To produce additional years of MAX data (including 2009-2011). * To link MAX data to Federal survey data. * To provide Technical Assistance to states: a. for converting their systems and business processes to the new requirements and levels of automation, b. to report CHIP and managed care encounter data, c. for analysis of provider data, d. for analysis of Medicaid recipient identification and verification efforts, and e. for the production of chartbooks and special studies. * To successfully implement ACA (Affordable Care Act) provisions. * To integrate two Medicaid drug programs. * To continue movement for the integration of Medicare Part B ASP drug data collection. * To work with the Medicaid Integrity Group to assist them in Fraud and Abuse tracking within the MBES/CBES. * To upgrade the Software for IBNRS (system architecture & Software). * To again obtain 100% submission of survey data for IBNRS. * To improve quality and accessibility. Goals/Accomplishments for 2013: * To produce many product improvements, enabling transparency in program operations, increased knowledge about Medicaid and CHIP programs, and data driven policy making. * To improve the quality, reliability and availability of data about the Medicaid and CHIP programs, their consumers and their finances. * To provide training to both internal and external stakeholders in the use and limitations of data to direct policy and resources. * To provide Technical Assistance to states, as a major stakeholder of MACBIS, for converting their systems and business processes to new requirements and levels of automation. * To successfully implement ACA provisions. * To work with the Medicaid Integrity Group to assist them with improving Fraud and Abuse tracking within the MBES/CBES. * To upgrade Software for CHIP SEDS (system architecture & Software). * To again obtain 100% submission of survey data for IBNRS. * To improve quality and accessibility.

5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.

2009-11-19

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$0.0	\$0.0	\$0.0	\$0.0
DME (Excluding Planning) Costs:	\$0.0	\$0.0	\$0.0	\$0.0
DME (Including Planning) Govt. FTEs:	\$0.0	\$0.0	\$0.0	\$0.0
Sub-Total DME (Including Govt. FTE):	0	0	0	0
O & M Costs:	\$20.3	\$9.1	\$8.0	\$2.0
O & M Govt. FTEs:	\$0.1	\$0.2	\$0.2	\$0.2
Sub-Total O & M Costs (Including Govt. FTE):	\$20.4	\$9.3	\$8.2	\$2.2
Total Cost (Including Govt. FTE):	\$20.4	\$9.3	\$8.2	\$2.2
Total Govt. FTE costs:	\$0.1	\$0.2	\$0.2	\$0.2
# of FTE rep by costs:	3	2	2	2
Total change from prior year final President's Budget (\$)		\$-1.2	\$1.1	
Total change from prior year final President's Budget (%)		-11.77%	15.35%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

The current funding levels for this investment were developed through the CMS' annual CPIC process. Any change from the President's Budget reflects adjustments to the CMS portfolio that reflect re-evaluated Agency priorities.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded		HHSM500201100053C									
Awarded	7530	HHSM500T0004	HHSM500201000026I	7530							
Awarded	7530	HHSM500T0002	HHSM500200500025I	7530							
Awarded	7530	HHSM500T0003	HHSM500200700029I	7530							
Awarded	7530	HHSM500200900087G	GS35F5120G	4730							

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

This is a steady state investment, for which earned value is not required. However, cost and schedule performance data, including variances, are monitored and reported monthly to HHS. All new contracts signed will contain EVM clauses consistent with the latest FAR.

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-04-26

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
295146	MSIS Redesign	<p>In addition to being in compliance with legislative mandates, the MSIS redesign will also provide more accurate, current, and comprehensive data on standardized enrollment, eligibility, and paid claims of Medicare/Medicaid beneficiaries. This data will be used for the administration of Medicaid at the Federal level, to produce statistical reports, support Medicaid related research, and assist in the detection of fraud and abuse in the Medicare and Medicaid programs. This redesign will also close the gap in support of the mission delivery and management support by making extensive changes to the existing MSIS. To satisfy the new requirements, the MSIS will collect and report on 300-500 additional data elements on a projected monthly collection/reporting process. This will require technical assistance</p>			

Table II.B.1 Projects

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		<p>for the states to 1) identify state source systems for new data elements, 2) collaborate with the State CHIP Agency for reporting data to MSIS, 3) ensure that Managed Care plans are sending necessary claims data to states, and 4) ensure and map managed care claims into MSIS.</p> <p>Automation tools will be introduced to extract, transform and load (ETL) data and for the Data Quality/Accuracy process and to enhance analytics for MSIS Front-End data collection. The redesign also includes plans to link the MSIS to other Medicaid programs, and to develop interoperability between MSIS (redesigned) and other State Health Exchanges.</p>			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
295146	MSIS Redesign							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
295146	295146: Pilot Project Data Flux Tool		2012-09-30	2012-09-30		365	0	0.00%

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
MBES accomplishing all ACA Requirements within the proposed timeline	Number of days late	Process and Activities - Cycle Time and Timeliness	Under target	0.000000	0.000000	0.000000	0.000000	Monthly
MDR accomplishing all ACA Requirements within the proposed timeline	Numer of days late	Process and Activities - Cycle Time and Timeliness	Under target	0.000000	0.000000	0.000000	0.000000	Monthly
O&M Cost Variance (Allocated O&M-Actual O&M/Allocated O&M)	Percentage	Mission and Business Results - Management of Government Resources	Over target	0.000000	0.000000	0.300000	0.000000	Semi-Annual
Percentage of work units processed (# submitted-#processed /#submitted	Percentage	Process and Activities - Productivity	Under target	0.000000	0.000000	99.550000	0.000000	Semi-Annual
MSIS Customer Satisfaction- Measures the percentage of files approved when first submitted	Percentage	Customer Results - Service Quality	Over target	60.000000	65.000000		70.000000	Semi-Annual
MSIS Customer satisfaction- Measures the average time it takes for a file to be approved	Average Number	Customer Results - Service Accessibility	Under target	200.000000	180.000000		162.000000	Semi-Annual