

What are the advantages of using an information management system such as Harmony, as we see it at present?

1. Prior authorization and a billing system that will:
  - a. Link all information about a person in our system—clinical, demographic, services needed and services provided, by whom, when, and at what cost.
  - b. Give us the ability to quickly change elements of the service plan, as long as funding is available, to meet a person's needs and desires.
  - c. Allow us to combine the federal and either state or local match into one check, which will provide us a clean audit trail for federal review.
  - d. Replace the current contracting system with its cumbersome manual paperwork and unavoidable delays. There will still be contracts, but they will focus on the requirements of being an eligible provider.
2. A better, smoother, faster access system for applications and enrollments.
  - a. Electronic application
  - b. Waiting list incorporated into the information system
  - c. Electronic eligibility determination
  - d. Electronic waiver enrollment from the regional offices to EDS
3. A better system for plans of care that will support having person centered planning and having only one plan of care for each individual.
4. Data on individuals receiving services as well as on those waiting for services.
  - a. Electronic interface between regional offices and 310 agencies for elements of the waiting list.
5. Electronic submission of IPMS reports, allowing automatic aggregation of data needed for system management and improvement.
  - a. Will include reports available to providers: their own data, of course, but also, in the aggregate, the ability to compare yourself to all others statewide and regionally.
  - b. All parties that need to know about incidents will get the information they need immediately, electronically.
6. Case manager input through electronic:
  - a. Progress notes
  - b. Billing
  - c. Quarterly narratives
7. A mechanism to follow up on Medicaid requests, which are increasing as a result of the quality frameworks protocol required by CMS.
  - a. At least knowing quickly and easily where the person is and who that person's provider, case manager are, and what services they receive as well as what they are waiting to receive, will help greatly.
8. Outcomes measures
  - a. Access to the system faster and easier
  - b. Plans of care—obtaining desired goals
  - c. Satisfaction—enhanced freedom of choice and portability
  - d. Health and Safety
  - e. Certification
9. Increased efficiency
  - a. Monitoring and other contacts, by certification, QE, advocacy, regional offices, Medicaid staff, and case managers can be recorded electronically and aggregated, to give accurate measurement data and allow stratified, targeted sampling, thereby reducing the quantity of monitoring and contact that is needed for oversight.
  - b. We anticipate that, over time, reducing redundancy of role and function, clarifying roles, and changing some responsibilities and functions, in an effort to make the system more effective for the people it supports.
10. This system will be a base for moving to individual budgets and consumer directed services.