TODAY’S SYSTEMS
MMIS Background

- Medicaid Management Information System (MMIS) – claims processing and payment system
- COBOL/Mainframe solution
- Development started in 1979
- Operated by Wipro Infocrossing
- Provider Enrollment, Screening, and Monitoring

- Tracking Participant Eligibility – Medicaid, Medicare, CHIP, Spenddown, Ticket-To-Work, Gateway to Better Health, etc., print participant ID cards

- Program Integrity – participant lock-in, provider exclusion
MMIS Functions

- Claims Processing Including Adjudication, Pricing and Payment – applying hundreds of edits and several pricing methodologies

- Managed Care - participant enrollment, encounter data processing, capitation payment, performance withholds
MMIS Functions

- Financial - federal financial reporting, receivables, payables
- Drug Rebate
- Premium Collections – CHIP, Spenddown, Ticket-To-Work
MMIS Functions

- Processing Prior Authorizations and Pre-Certifications for Services

- Third Party Liability – cost avoidance and cost recoveries, Health Insurance Premium Payment (HIPP) Program, Medicare Buy-In
- eMOMED Web Portal – Providers use to submit and view claims
- Electronic data interchange (EDI) solutions for information exchange with providers
- eMMIS Portal – State staff use to interact with the system
MMIS Functions

- Decision Support System and Data Warehouse – internal and external data requests
- Claims and Encounter Data History
- Faxing and Imaging System
- Workflow management system
MMIS Performance Stats

- Approx. 114 million claims/encounters processed annually
- Payments in excess of $10 billion
- Average claim processing time - .29 days
- Over 99% of claims submitted electronically
- Over 251 million hits on eMomed
- Over 96,000 registered eMomed users
MMIS Performance Stats

- Over 59,000 Medicaid providers
- POS available 24X7
- eMomed available 24X7
- MMIS Uptime over 99 percent
- POS response times less than 5 seconds
MMIS Challenges

- Current MMIS not designed for newer service delivery/payment models

- Managed Care system was built on top of FFS system which limited processing and use of encounter data

- Current MMIS not as configurable/flexible as MMIS built on modern technologies
System modifications take significant time, cost, resources

Built on older technologies – COBOL

Modifications made over past 35 years have made system very complex
Clinical Management Services and System for Pharmacy Claims and Prior Authorization

- Designed primarily to support clinical and pharmacy programs
- Development started in 2003
- Part of Overall Missouri MMIS
- Operated by Conduent (formerly Xerox, ACS)
CMSP Functions

- Clinical and Pharmacy Claims Adjudication – applies clinical and pharmacy edits and rules

- Prior Authorizations and Pre-Certifications for Participant Services – automated and professional review for Inpatient, Optical, DME, Radiology, and Psychology
CMSP Functions

- Maintain Drug Formulary/Preferred Drug List
- Medication Possession Ratio, Medication Therapy Management and Immunization Billing
CMSP Functions

- CyberAccess Web Portal – providers view claims history, rules and edits applied during processing, and prior authorizations; state staff use to manage system
- Home and Community Based Services Portal - supports assessments and care planning

- Clinical Data Analytics and Reporting – data warehouse
CMSP Functions

- Health Information Exchange
- Electronic Health Record Incentive Program – provider portal for submitting attestations for payment
CMS SYSTEM FUNDING AND REQUIREMENTS
- Enhanced funding available for claims processing and eligibility solutions

- 90/10 funding for system implementation costs

- 75/25 funding for system operation costs
CMS Requirements

- Fair and open procurements
- Cost allocation across programs
- Modular solutions
- Reuse of solutions across State Medicaid Programs
- Independent Verification and Validation
- Certification of solutions
Program Integrity Module

- Tools for utilization review, fraud waste and abuse detection, and case management

- RFP awarded to IBM – currently implementing the solution.
Enterprise Data Warehouse

- Creation of a Medicaid enterprise data warehouse containing all Medicaid data
- Business Intelligence Tools for dashboards, reporting and analytics
- Federal financial reporting
- External data distribution
- RFP awarded to IBM and currently implementing. Finalizing the schedule and validating requirements.
Managed Care Enrollment

- Web portal allowing participants to compare health plans, enroll, and select a primary care physician

- System and services to support participant enrollment

- Automate premium invoicing and collection.

- Currently developing RFP for purchase of the system and services for release very soon.
EVV system required by 21st Century Cures Act
- Used to track and report in-home services
- MMIS funding available
- Developing the RFP to support the solution.
Currently developing strategy for replacement of claims processing, Managed Care, financial system, etc.

Working with a consortium of other states to develop an RFP

Solution will be built on modern technologies supporting flexibility through configuration and support newer pricing and service delivery models
Questions?

Thank You