



MHD Systems Strategy

MO HealthNet Oversight Committee

July 23, 2019





MMIS - Information Systems

TODAY'S SYSTEMS



MMIS Background

MMIS - Information Systems

- 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

MMIS - Information Systems

- 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

MMIS - Information Systems

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

MMIS Functions

MMIS - Information Systems

- 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

MMIS Functions

MMIS - Information Systems

- 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

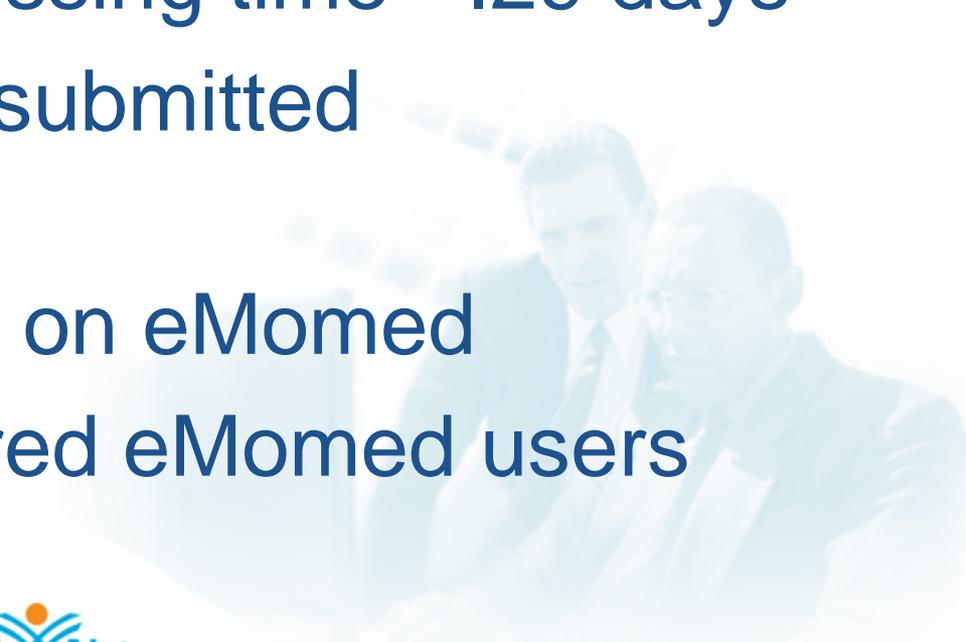
MMIS - Information Systems

- 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

MMIS - Information Systems

- 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
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MMIS Performance Stats

MMIS - Information Systems

- 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

MMIS - Information Systems

- 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

MMIS Challenges

MMIS - Information Systems

- System modifications take significant time, cost, resources
- Built on older technologies – COBOL
- Modifications made over past 35 years have made system very complex

CMSP Background

MMIS - Information Systems

- 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

MMIS - Information Systems

- 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

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

CMSP Functions

MMIS - Information Systems

- CyberAccess Web Portal – providers view claims history, rules and edits applied during processing, and prior authorizations; state staff use to manage system

CMSP Functions

MMIS - Information Systems

- Home and Community Based Services Portal - supports assessments and care planning
- Clinical Data Analytics and Reporting – data warehouse

- Health Information Exchange
- Electronic Health Record Incentive Program – provider portal for submitting attestations for payment



MMIS - Information Systems

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

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



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SYSTEMS STRATEGY



Program Integrity Module

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- Tools for utilization review, fraud waste and abuse detection, and case management
- RFP awarded to IBM – currently implementing the solution.



Enterprise Data Warehouse

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- 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

MMIS - Information Systems

- 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.



Electronic Visit Verification

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- 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.

MMIS Strategy

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- 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

MMIS - Information Systems

- Questions?
- Thank You