

**Department of Human Services
Information Technology Committee
Representative Corey Mock, Chairman
March 22, 2018**

Chairman Mock, members of the Information Technology Committee, I am Maggie Anderson, Director of the Medical Services Division, for the Department of Human Services (Department). I appear before you today to provide an update on the functionality of the Medicaid Management Information System (MMIS), including reporting capabilities, data entry efficiencies, and claims processing efficiencies.

Benefits of Health Enterprise (HE) MMIS:

- A web portal where providers can sign-in to receive remittance advice, submit claims, and check member eligibility. The portal provides immediate feedback on information submitted.
- Remittance advice contains clearer information.
- Providers can receive remittance advices in an electronic HIPAA-compliant format which allows their software to import the file.
- Ability to replace an original claim and adjudicate it to final disposition during one check cycle versus multiple cycles in the legacy system. This allows the provider to be paid more timely.
- The ability to create targeted mass adjustments and release within one check cycle instead of having to wait a week.
- Qualified Service Providers (QSP) use the web portal to bill electronically and claims are processed in real time. These features have improved the billing experience for QSPs and increased electronic claim submissions.
- Home and community-based service providers that serve older adults and individuals with physical disabilities are now prior authorized in HE MMIS. Claims are verified against the information on the service authorization to assure providers are not billing over the authorized amounts or for services they are not approved to provide.

- Unknown Third Party Liability (TPL) policy file is now automatically loaded into MMIS.
- Tracking of accident related claim letters is much better because there is a report and the second request is created automatically instead of someone having to track and send second request manually.
- TPL policies are easier to enter and view.
- Allows for automatic invoicing related to TPL pay and chase.
- For the Coordinated Services Program, all history is stored compared to legacy where the number of lines was limited.
- The capability to suspend provider claims by date of service or claim adjudication date.

The **Pharmacy portion** of the system includes:

- User interfaces which allow changes to be made by the pharmacy staff rather than submitting work requests for programmers to make the changes. This allows changes to be made immediately.
- Flexibility for implementing edits. For instance, pharmacy staff can place new edits on all narcotics at once, or can choose a different identifier to only choose long acting narcotics.
- The messaging to pharmacies is customizable directly within the user interface and can be set at a broad level (e.g. provide a phone number for them to call on a denial) and at a very narrow level (e.g. provide a message to a pharmacy telling them that only one tablet per day of a specific drug is covered). This improved messaging drastically reduced the number of pharmacy provider relations calls.
- The ability to run reports within the user interface instead of having to request the reports from contractors.
- Searching and sorting capabilities are better in the new system which results in faster provider relations calls.

- Ability to include attachments on the prior authorization which was not an option in the old system.
- Ability to view the transaction log from the user interface which allows staff to troubleshoot claims processing issues.

The **Provider Enrollment** portion of the system includes:

- Ability to link providers to more than five locations without having to issue a new Medicaid provider number.
- Providers may enroll online.
- Ability to add notes to provider files.
- There are a variety of reports available to include: applications submitted, approved, pending, and by provider type.
- Ability to directly interface with Drug Enforcement Agency, National Provider Identifier and Clinical Laboratory Improvement Amendments databases.
- Document that support applications are stored in MMIS for easy retrieval.

HE MMIS has been in production since October 2015. The system has completed each weekly checkwrite since that time. As expected with a system of this magnitude, there is a list of change requests to address defect resolution and enhancements. In addition, changes are needed on a regular basis to ensure compliance with federal laws, rules and policies.

The system must still be certified by the Centers for Medicare and Medicaid Services. Significant effort has been invested to achieve this milestone.

This concludes my update, I am happy to answer any questions you may have.