

Description of the MMIS Functional Components

MMIS Component	Description
Claims Processing & Adjudication Solution	Automatically load code sets, both annual and periodic upon receipt for ICD-9, ICD-10 Diagnosis and Procedure Codes Files, CLIA and HCPCS with the ability to process retroactive eligibility and the ability to pay the claims associated with that eligibility. It should also maintain and use the most current version of a claim check editing product, such as ClaimCheck, with evidence based and nationally recognized edit sets and make edit logic/rationale available to providers/billers and coordinate editing with the PA process.
TPL Solution	Automated TPL recovery billings for enrollees with third party coverage with notification to TPL unit.
Member/Provider Call Center Solution	A solution that facilitates maintaining, recalling, listening in and viewing in real-time all call logs and electronic correspondence.
Customer Relationship Management Solution	A solution used to manage providers and enrollees from the call center solution.
Project Tracking Solution	A solution that facilitates managing requests for reports and system changes.
Member Web Portal	A solution that includes: <ul style="list-style-type: none"> - Demographic Information - Eligibility Information - Enrollment Information - Service Authorization - Third Party Liability and Recovery Information - Enterprise single sign on capabilities - Enrollee Reimbursement Information - Enrollee Correspondence - Enrollee Invoices - Claim Payment History
Provider Solution	A solution that facilitates on-line entry of provider enrollment applications; tracking and automated workflow management of the process; and on-line verification of provider enrollment status. Monitors license expiration, renewals, background checks, etc.
Case Management Solution	A solution that supports the manual or automatic assignment of case management providers either to individuals, groups or by mass transfer function. Also, to support the establishment of care management cases, enrollment, and all related tracking with the ability to search by enrollees.
OCR Scanning Solution	A solution that supports scanning of paper attachments and optical character recognition for documents submitted on paper.

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Visit Verification Solution	A solution that tracks Home and Community Based Services (HCBS) including all direct care worker time, location, and service provided which includes the capture of encounter data by procedure code; the ability to analyze the services provided by enrollee; and direct care provider. Also supports prior authorizations.
PI/SURS Solution	The solution should facilitate performing complaint investigation; forensic claims investigation; pre-payment queries and conduct Payment Error Rate Measurement (PERM) eligibility reviews.
Peer Based Provider Profiling Program Solution	The solution should produce a dashboard with visual presentation of provider's performance compared to a group of similar practitioners; performance relative to the management of specific conditions; and diseases and HEDIS measures.
Enrollee/Member/Recipient Solution	A solution that provides the ability to override the selected determination or disposition made by the System with the appropriate levels of written approval. It should also have the ability to process retroactive eligibility and the ability to pay any party of the claims associated with that eligibility. Should support Medicaid and non-Medicaid recipients.
EHR Solution	A solution that facilitates the provisions around ARRA including but not limited to: <ul style="list-style-type: none"> - Meaningful use criteria - Fraud and Abuse Modules - Connectivity with the State HIE and Medicaid Electronic Health Records (EHRs) - Reporting for: <ul style="list-style-type: none"> - Financial - Quality Outcomes - Disease Management
Computer Telephony Interface to CRM Solution	A solution that can be used in conjunction with a Customer Relationship Management tool for greater integration through telephone communications.
Rules Engine Solution	A solution that employs a state-of-the-art business rules engine or business process management software to record business rules for many business functions, including but not limited to, provider enrollment, claims processing, and service authorization.
Workflow & Alert Generation Solution	A solution that automates document management through the use of workflows that includes defining status, document approvals and lists the specific documentation used in a settlement or appeal. Should support workflows for DHH staff as well as contractors.
Reference Solution	A solution that houses controls such as valid values, edits and error messages, benefits plans, reimbursement rates and business rules.
Financial Solution	A solution that facilitates financial management (the billing, receiving and accounting) for estate recoveries, provider and enrollee recoveries and recoupments.

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EDI/HIPAA Transaction Solution	A solution for front-end processing and syntax edits of required fields prior to accepting transactions for input. Employ the capability to verify that all coded data items consist of valid codes that are within the valid code set of HIPAA Transactions and Code Sets (TCS).
Data Conversion, Interface & ETL Solution	A solution to support data conversion; extract, transform and load data; and support movement of data from one system to another.
Enterprise Service Bus Solution	A solution used to manage data exchange and service interactions between systems and applications.
Automated Voice Response Solution	A solution that facilitates an Automated Voice Response functionality that allow providers to complete automated inquires on client eligibility, benefits, service limitations, level of service authorizations, managed care enrollments, and third-party resources using a touch-tone telephone. The AVR should be available 24 hours a day, 7 days a week.
Rate & Audit Solution	A solution that provides the functionality to support a cost reporting and rate setting business process; cost settlement business process; provider audit review business process; case mix reimbursement methodology business process and Medicaid Administrative Claiming business process.
Correspondence & Document Repository Solution	A solution that provides centralized management and storage of unstructured data (e.g. paper attachment, correspondence and fax) to facilitate improved workflow.
Online Web Survey Tool Solution	A solution to allow providers and other stakeholders to complete online surveys.
Application Server Solution	A software framework that provides a generalized approach to creating an application-server implementation.
W-2 & 1099 Form Printing Solution	A solution to print to preprinted W-2 and 1099 forms.
Prior Authorization Solution	A solution that links treatment plans to the registry and other authorized services and automates updates to the treatment plan and prior authorization.
Data Warehouse Solution	A solution that produces all MARS reports; allow drill down capabilities for all data on all reports to the individual claim data for SURS, MARS; and other financial reports.
Mapping & Address Verification Solution	A solution used to validate a given address and to depict that location within the context of an application or on- screen.
Message Queue Solution	A solution for moving large files through a message queue.
Pharmacy Reporting Solution	A solution that facilitates the ability to generate data analysis reports as defined by the Department and invoicing on a quarterly and on an ad hoc basis.
Provider Locator Solution	A solution that provides a centralized repository of the current, up-to-date demographic data including address of a provider via a public facing internet site.
Pharmacy Point of Sale Solution	A solution that supports Medicaid's pharmacy claims; claims management; provider fees; recipient co-pays; maintenance of the preferred drug list; clinical and business edits.

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Pharmacy Prior Authorization Solution	An automated prior authorization system that uses sophisticated evidence-based and enrollee-specific criteria to automatically screen claims at the point of sale, queries the administrative databases (drug claims, medical claims, approved formulary, and encounters) and determines if the enrollee meets evidence-based criteria established by the plan.
Pharmacy Benefit Management Solution	A solution that facilitates provider network development; assessment of provider fees and co-payments; and maintenance of the preferred drug list.
Pharmacy Drug Utilization Review Solution	A solution that facilitates assessment of provider fees and co-payments; maintenance of the preferred drug list; and prior authorization of prescription benefits.
Pharmacy Rebate Solution	The solution should facilitate the ability to create and mail Federal Supplemental invoices to labelers; and provides the ability to enter the disposition of drug rebate payments into the system.
Provider Web Portal Solution	<p>A solution for provider that provides them with:</p> <ul style="list-style-type: none"> -Demographic Information -Provider Enrollment Information -Service Authorizations -Claims and payments -Sanctions and Recoupments -Grievance and Appeals -Enrollee Information -EHR Information -Make payments via the web