Developing a **Medicaid Management Information System**

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L&T Infotech

Abstract

L&T Infotech worked with a leading managed care provider to develop an integrated system that addresses the requirements of all entities in the Medicaid ecosystem.

Client Profile

A leading provider of integrated clinical management services for public sector healthcare organizations in USA, our client provides tools for managing Medicaid, pharmacy, and mental health and long-term care programs.

Business Benefits

- Integrated system allows for unified view of data and seamless interaction between different entities
- In-built flexibility helps to address complex and evolving business requirements

The Challenge

Our client's had an existing Medicaid Management Information System (MMIS) that was outdated and with its inflexible programming, was costly to maintain, operate and enhance. The Medicaid program has become increasingly complex, with service changes (e.g., hospice, behavioral health), eligibility changes, and new regulations (e.g., HIPAA). The existing system was unable to address these new business requirements.

The Solution

We helped to develop a highly integrated data processing system designed to function around the rules of the HCFA (HealthCare Financing Administration) GSD (General System Design), the State Medicaid Plan, the needs of the provider community, the state Medicaid and non-Medicaid enrollees.

This system has the following subsystems:

Claims Processing Subsystem

Adjudicates payment requests from all health benefit plans administered by the Department Of Medical Assistance Services (DMAS).

Provider Subsystem

Maintains information on medical providers who are eligible to submit claims for services rendered to Medicaid Recipients. This information is used for claims processing, administrative reporting, and surveillance/utilization review functions.

Recipient Subsystem

Collects, edits, maintains and reports enrollee eligibility data on a wide range of benefit packages established by DMAS to sustain the accurate and timely processing, payment and reporting of Medicaid claims.

Financial Subsystem

Monitors and controls cash disbursement and recoupment of program funds to providers and other payees through a combination of automatic and manual functions.

Reference Subsystem

Maintains data supporting the processing requirements of other MMIS subsystems.

Surveillance and Utilization Review (SUR) Subsystem

Contains the following applications:

- Sampling Support

- Automated Exception Analysis
- Returned Explanation of Medical Benefits (EOMB) Tracking
- Assessments Peer Intensity Rating System (PIRS)
- Utilization Tracking

Management and Administrative Reporting Subsystem (MARS)

Produces reports concerning the functioning of the Medicaid Program for review.

Early and Periodic Screening Diagnosis and Treatment (EPSDT) Subsystem

Provides for the collection of data concerning the EPSDT Program administration, including identification of eligible, documentation of case management activities, and the extraction of service delivery information from paid claims.

Automated Mailing

An automated tool for producing reports, form letters, and mailing labels for enrollees and providers based on user defined selection criteria.