

MMIS Module	Description
Claims/Encounter Processing	Automatically loads 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 either pay the claims or account for the encounter associated with that eligibility. Maintains and uses 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.
Dynamic File Management System	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.
Pharmacy	<ul style="list-style-type: none"> <li>• Pharmacy Point of Sale Solution - Supports Medicaid's pharmacy claims; claims management; provider fees; recipient co-pays; maintenance of the preferred drug list; clinical and business edits.</li> <li>• 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.</li> <li>• Pharmacy Benefit Management Solution - Facilitates provider network development; assessment of provider fees and co-payments; and maintenance of the preferred drug list.</li> <li>• Pharmacy Drug Utilization Review Solution - Facilitates assessment of provider fees and co-payments; maintenance of the preferred drug list; and prior authorization of prescription benefits.</li> <li>• Pharmacy Rebate Solution - Facilitates 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.</li> <li>• Pharmacy Reporting Solution - Facilitates the ability to generate data analysis reports as defined by the Department and invoicing on a quarterly and on an ad hoc basis.</li> </ul>
Prior Authorization and Pre-Certification	Links treatment plans to the registry and other authorized services and automates updates to the treatment plan and prior authorization.
Program Integrity (PI)	Facilitates performing complaint investigation; forensic claims investigation; pre-payment queries and conduct Payment Error Rate Measurement (PERM) eligibility reviews.
Provider Management	Facilitates on-line entry of provider enrollment applications and managements; tracking and automated workflow management of the process; and on-line verification of provider enrollment status. Monitors license expiration, renewals, background checks, adhere to ACA regulations, etc.
Surveillance and Utilization Review (SURS)	Identifies providers for review, conducts payment reviews, and sanctions providers resulting from payments to and claims from providers, and any other functions or duties assigned by the secretary.
Third Party Liability (TPL)	Automated TPL recovery billings for enrollees with third party coverage with notification to TPL unit.