

NEW MEXICO HUMAN SERVICES DEPARTMENT

Medicaid Management Information System Replacement (MMISR) Project



PROPOSAL ADDENDUM 9 (Nine)

ADDENDUM TITLE: MMIS Activity Data

Created/Updated: July 25, 2019
Version: 1.4

Revision History

[illegible]

Data Estimates

The data below represent the known counts with a brief description for each of the current processes identified, as of February, 2018, to assist in determining the resource capacity that may be needed for the infrastructure. These are subject to change over the course of the procurement process.

Providers Enrolled:

Providers are enrolled as Fee for Service (FFS) providers or as Managed Care-Only providers. There are currently 66,614 active Providers enrolled in the MMIS. If a Provider is approved to serve FFS Members, that provider is automatically approved as well to serve MCO Members. Managed Care-Only providers don't wish to serve the FFS members and thus are restricted to affiliation with the Managed Care Organizations. The goal of the new MMIS is to have a single enrollment process with no need for providers to affiliate with one or more MCO.

	Currently Active Providers
FFS Enrolled Provider	33,791
MCO Enrolled Provider	42,264
Total Enrolled (FFS + MCO)	76,055

New Provider Applications:

Month	Received
July 2017	759
August 2017	759
September 2017	744
October 2017	725
November 2017	621
December 2017	530
January 2018	1,035
February 2018	1,096
March 2018	1,074
April 2018	1,104
May 2018	1,102
June 2018	999
July 2018	856
August 2018	1,108
September 2018	1,016
October 2018	1,016
November 2018	857
December 2018	698
January 2019	1,009
February 2019	943
March 2019	1,010

Provider Maintenance:

Once a provider is enrolled there are other activities which may occur. Providers may choose to make changes (updates) to their record at any time.

Provider File Updates

Month	Received
July 2017	4,117
August 2017	2,450
September 2017	2,557
October 2017	3,168
November 2017	1,942
December 2017	3,044
January 2018	4,127
February 2018	3,070
March 2018	2,447
April 2018	2,374
May 2018	2,423
June 2018	3,050
July 2018	2,783
August 2018	2,948
September 2018	2,751
October 2018	3,033
November 2018	2,498
December 2018	3,375
January 2019	4,142
February 2019	3,888
March 2019	3,180

Some providers are required to recertify their enrollment every three years; this process utilizes Turnaround Documents (TADS) which when returned by the provider are used to update the provider record. Providers who don't return TADs result in termination of the provider's enrollment and usually a considerable amount of effort and claim adjustments.

Turn Around Documents (TADS)

Month	Received
July 2017	709
August 2017	489
September 2017	325
October 2017	230
November 2017	298
December 2017	261
January 2018	804
February 2018	385
March 2018	277
April 2018	212
May 2018	248
June 2018	335

Month	Received
July 2018	239
August 2018	448
September 2018	273
October 2018	230
November 2018	265
December 2018	237
January 2019	136
February 2019	136
March 2019	237

MAD 200 – Medical Credit Adjustment

The Provider Relations team manually enters the MAD 200 Form for the Long-Term Care Medical Care Credit adjustment, which is then processed for payment through the MCOs.

Medical Care Credit (LTC) Adjustment Forms

Month	Received
January 2017	27
February 2017	31
March 2017	28
April 2017	64
May 2017	40
June 2017	6
July 2017	5
August 2017	18
September 2017	12
October 2017	14
November 2017	4
December 2017	6
January 2018	1
February 2018	0
March 2018	2
April 2018	0
May 2018	0
June 2018	2
July 2018	1
August 2018	0
September 2018	0
October 2018	0
November 2018	0
December 2018	0
January 2019	0
February 2019	2
March 2019	3

Claims Processing Counts:

FFS Claims

New Mexico receives FFS claims electronically for all but about 5% of the total FFS claims volume. FFS claims come in via 837 electronic format from providers and clearinghouses, from the COBA contractor, entered into New Mexico's Web Portal, or via the NCPDP point of sale access. In addition, New Mexico system generates adjustments and voids of claims based on audit activity. FFS claims are adjudicated nightly, but go through claims payment weekly.

	Jul'17	Aug'17	Sep'17	Oct'17	Nov'17	Dec'17	Grand Total
Type of Claim							
Elec Media	115,116	133,881	182,086	167,014	168,287	158,754	925,138
Elec Crossover	102,701	129,829	106,259	67,983	65,829	58,645	531,246
Exam Entry	20,289	23,727	18,657	19,377	18,220	17,233	117,503
PDCS	75,322	88,073	80,479	82,227	81,413	77,053	484,567
System Generated	4,007	2,685	693	2,651	3,658	1,688	15,382
Web Portal	29,193	34,760	33,999	32,494	33,743	30,942	195,131
Grand Total	346,628	412,955	422,173	371,746	371,150	344,315	2,268,967

	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18	Grand Total
Type of Claim							
Elec Media	141,887	172,840	215,817	162,686	168,651	176,251	1,038,132
Elec Crossover	48,796	58,968	70,220	52,228	52,955	63,591	346,758
Exam Entry	19,694	16,658	21,228	17,900	15,489	24,048	115,017
PDCS	82,162	84,088	94,041	73,493	69,549	80,068	483,401
System Generated	384	2,161	56,092	9,578	1,046	1,746	71,007
Web Portal	29,947	30,241	36,746	28,650	30,358	35,791	191,733
Grand Total	322,870	364,956	494,144	344,535	338,048	381,495	2,246,048

	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Grand Total
Type of Claim							
Elec Media	120,680	171,449	149,954	155,626	179,721	153,065	930,495
Elec Crossover	49,100	60,405	52,961	51,581	62,216	47,822	324,085
Exam Entry	15,817	22,260	17,661	18,441	19,123	14,037	107,339
PDCS	62,863	84,342	68,694	66,166	79,910	62,683	424,658
System Generated	5,432	2,513	6,944	1,092	19,428	2,704	38,113
Web Portal	28,850	35,593	31,561	29,000	35,939	27,717	188,660
Grand Total	282,742	376,562	327,775	321,906	396,337	308,028	2,013,350

FFS Claims by Type and Media

New Mexico receives CMS-1500, UB-04 and ADA 2012 claim forms. No proprietary forms are in use. The following tables provide counts of FFS professional, institutional and dental claim submissions by media. The small number of claims received via fax are included in the paper counts.

Professional Claims

Professional Claim	Apr'18	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Grand Total
837P	170,887	172,412	182,292	130,944	154,093	161,581	972,209
Web Portal	23,960	25,446	30,306	23,137	30,107	26,377	159,333
Paper	12,046	10,238	16,831	10,600	14,677	11,725	76,117
Grand Total	206,893	208,096	229,429	164,681	198,877	199,683	1,207,659

Professional Claim	Oct'18	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Grand Total
837P	162,274	195,248	137,675	161,105	166,288	209,501	1,032,091
Web Portal	24,382	30,305	23,835	23,645	25,466	30,384	158,017
Paper	11,799	12,143	8,567	9,907	11,358	12,676	66,450
Grand Total	198,455	237,696	170,077	194,657	203,112	252,561	1,256,558

Institutional Claims

Institutional Claim	Apr'18	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Grand Total
837I	50,302	46,755	55,213	40,963	75,962	45,068	314,263
Web Portal	3,016	3,133	3,644	4,244	3,441	3,247	20,275
Paper	5,686	4,931	7,016	4,840	7,383	5,775	35,631
Grand Total	59,004	54,819	65,873	50,047	86,786	54,090	370,619

Institutional Claim	Oct'18	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Grand Total
837I	42,686	62,366	39,697	39,943	42,548	124,438	351,678
Web Portal	2,926	3,569	2,743	2,697	2,751	3,284	17,970
Paper	6,496	6,782	4,565	4,041	5,441	5,361	32,686
Grand Total	52,108	72,717	47,005	46,681	50,740	133,083	402,334

Dental Claims

Dental Claim	Apr'18	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Grand Total
837D	3,303	3,485	4,083	3,305	4,312	3,210	21,968
Web Portal	168	320	201	377	200	161	1,427
Paper	1,674	1,729	1,841	1,469	2,045	1,937	10,695
Grand Total	5,145	5,534	6,125	5,151	6,557	5,308	33,820

Dental Claim	Oct'18	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Grand Total
837D	3,339	3,751	2,838	2,543	3,342	4,347	20,160
Web Portal	146	198	78	89	120	170	801
Paper	1,692	2,065	1,405	1,375	1,285	2,006	9,828
Grand Total	5,177	6,014	4,321	4,007	4,747	6,523	30,789

Capitations

New Mexico generates capitation claims based on the monthly enrollment cycle. In addition, capitation claims may be adjusted or voided by the system based on audit activity. The high volume in July and August 2018 was the result of retroactive rate changes that required the mass adjustment of previously paid capitation claims.

Claim Type	Month	# Cap Claims
CAPS	7/1/2017	700,286
CAPS	8/1/2017	688,952
CAPS	9/1/2017	680,012
CAPS	10/1/2017	676,993
CAPS	11/1/2017	676,192
CAPS	12/1/2017	675,613
CAPS	1/1/2018	679,650
CAPS	2/1/2018	685,078
CAPS	3/1/2018	694,352
CAPS	4/1/2018	691,081
CAPS	5/1/2018	676,393
CAPS	6/1/2018	673,197
CAPS	7/1/2018	3,371,669
CAPS	8/1/2018	5,987,961
CAPS	9/1/2018	669,259
CAPS	10/1/2018	678,568
CAPS	11/1/2018	676,776
CAPS	12/1/2018	671,115
CAPS	1/1/2019	674,381
CAPS	2/1/2019	674,396
CAPS	3/1/2019	667,910

Encounters

New Mexico receives encounters from its Managed Care Organizations electronically either via 837 format or NCPDP. In addition, New Mexico system generates adjustments and voids to encounters based upon audit activity.

	Jul'17	Aug'17	Sep'17	Oct'17	Nov'17	Dec'17	Grand Total
Encounter Type							
Non-Pharmacy	1,194,518	1,323,040	1,338,958	1,291,076	982,257	1,070,812	7,200,661
Pharmacy	561,790	646,418	536,708	603,381	804,414	543,818	3,696,529
System Generated	1,930	1,672	172,390	1,792	1,508	2,294	181,586
Grand Total	1,758,238	1,971,130	2,048,056	1,896,249	1,788,179	1,616,924	11,078,776

	Jan'18	Feb'18	Mar'18	Apr'18	may'18	Jun'18	Grand Total
Encounter Type							
Non-Pharmacy	1,062,412	1,055,179	1,299,928	1,406,590	1,278,585	1,376,035	7,478,729
Pharmacy	525,029	571,964	698,893	557,429	541,779	608,795	3,503,889
System Generated	972	1,208	1,264	1,798	4,668	2,842	12,752
Grand Total	1,588,413	1,628,351	2,000,085	1,965,817	1,825,032	1,987,672	10,995,370

	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Grand Total
Encounter Type							
Non-Pharmacy	1,032,222	1,347,603	860,840	1,105,379	1,184,243	916,480	6,446,767
Pharmacy	506,093	648,798	558,049	525,967	673,614	552,035	3,464,556
System Generated	3,766	3,246	954	26,764	46,952	1,950	83,632
Grand Total	1,542,081	1,999,647	1,419,843	1,658,110	1,904,809	1,470,465	9,994,955

Financial Transactions

In addition to claims, New Mexico makes payments and recovers monies via financial transactions. These may be initiated manually by an Accounting Transaction Request or Numbered Memo or they may occur because of claims activity that creates a negative balance (accounts receivable) or refund for the provider. Manually initiated requests may come from routine, ongoing activities (e.g., cost settlement, supplemental payments for GME, IME, IHS Payments, etc.) or may result from audit activity from Regional Audit Contractor or other external audit entity. All financial transactions are approved by ASD and require a significant amount of staff time and resources to initiate, monitor and handle provider payments.

The following table shows both manual transactions and transactions created by the system in response to claims activity.

Month	# Transactions
7/1/2017	6,880
8/1/2017	1,346
9/1/2017	1,193
10/1/2017	5,821
11/1/2017	1,048
12/1/2017	1,141
1/1/2018	859
2/1/2018	693
3/1/2018	1,171
4/1/2018	803
5/1/2018	860
6/1/2018	1,327
7/1/2018	1,352
8/1/2018	1,068
9/1/2018	643
10/1/2018	1,308
11/1/2018	1,230
12/1/2018	710

1/1/2019	549
2/1/2019	650
3/1/2019	1,344

The following table provides a breakdown by type of financial transaction for the January, February and March 2019, including system generated transactions and manually-entered transactions (Accounting Transaction Requests [ATRs], Receipts, State Memos, and rejected EFT transactions).

	1/1/2019	2/1/2019	3/1/2019	TOTAL
System-Generated	390	436	735	1,561
Manually-entered	159	214	609	982
<i>ATRS</i>	50	82	171	303
<i>Receipts</i>	68	81	47	196
<i>State Memos</i>	39	49	389	477
<i>Bad EFTs</i>	2	2	2	6
TOTAL	549	650	1,344	2,543

Prior Authorizations:

Prior Authorizations (PA) for Members not enrolled in an MCO are processed through the MMIS. PA requests for Members enrolled in an MCO are processed by the MCO; volume data isn't currently available. Waiver PAs are received on paper from the Department of Health. Most all other PA requests are entered via electronic interface from either Children's Medical Services (CMS), or the State's TPA contractor, Qualis Health.

	Jul'17	Aug'17	Sep'17	Oct'17	Nov'17	Dec'17	Grand Total
PA TYPE & INPUT SOURCE							
CMS	341	302	312	250	260	211	1,676
CMS INTERFACE	341	302	312	250	260	211	1,676
FFS	520	646	651	742	679	557	3,795
PAPER	3	9	14	14	6	6	52
TPA INTERFACE	517	637	637	728	673	551	3,743
PDCS	54	28	19	24	22	24	171
PDCS INTERFACE	54	28	19	24	22	24	171
WAIVER	347	407	345	373	246	213	1,931
PAPER	347	407	345	373	246	213	1,931
Grand Total	1,262	1,383	1,327	1,389	1,207	1,005	7,573

	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18	Grand Total
PA TYPE & INPUT SOURCE							
CMS	318	208	314	294	454	699	2,287
CMS INTERFACE	318	208	314	294	454	699	2,287
FFS	805	685	748	751	683	655	4,327
PAPER	0	0	0	0	0	0	0

	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18	Grand Total
PA TYPE & INPUT SOURCE							
TPA INTERFACE	805	685	748	751	683	655	4,327
PDCS	76	23	28	31	25	27	210
PDCS INTERFACE	76	23	28	31	25	27	210
WAIVER	275	211	257	245	293	331	1,612
PAPER	275	211	257	245	293	331	1,612
Grand Total	1,474	1,119	1,347	1,321	1,445	1,712	8,436

PA TYPE & INPUT SOURCE	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Grand Total
CMS	451	328	237	284	265	258	1,823
CMS INTERFACE	451	328	237	284	265	258	1,823
FFS	588	700	648	669	689	478	3,772
PAPER	0	0	0	0	0	0	0
TPA INTERFACE	588	700	648	669	689	478	3,772
PDCS	43	41	24	24	15	19	166
PDCS INTERFACE	43	41	24	24	15	19	210
WAIVER	317	354	337	303	240	213	1,764
PAPER	317	354	337	303	240	166	1,612
Grand Total	1,399	1,423	1,246	1,310	1,209	912	7,525

Mi Via Waiver Program

The Mi Via Waiver Program is designed to enable Members with disabilities to manage their own services and supports. Mi Via participants can choose to self-direct home and community-based services, supports and goods within an approved plan and budget. With the assistance of a Consultant, participants develop their own Service and Support Plan (SSP) to meet their functional, medical, and social needs. Participants decide what services they need and how to spend their Mi Via budget and may select the person(s) they wish to provide their care. The goal of the waiver program is to enable the Member to stay in the community rather than requiring care in a facility.

Time sheets are submitted to Conduent by hourly employees, such as homemakers. Invoices are submitted by Vendors who provide approved plan services to the clients.

	Mileage	Invoice	Timesheet	Total Processed	Total Received	Unable to Process
July 17	376	7494	1349	9219	10,230	1011
Aug 17	485	8995	1433	10,913	9830	0
Sept 17	410	7393	1393	9196	9854	658
Oct 17	498	8139	1602	10,239	10,239	0
Nov 17	360	7274	1652	9286	9286	0
Dec 17	339	6739	1333	8411	8411	0
Jan 18	390	9,048	1,401	10,839	10,839	0
Feb 18	371	7,707	1,334	9,412	9,412	0
Mar 18	404	8,343	1,364	10,111	10,111	0
Apr 18	450	10,346	1,663	12,459	12,459	0
May 18	374	9,256	1,285	10,915	10,915	0
June 18	374	8,444	1,246	10,064	10,064	0
July 18	406	8,865	1,248	10,519	10,519	0
Aug 18	361	9,284	1,367	11,012	11,012	0
Sept 18	379	9,602	1,551	11,532	11,532	0

	Mileage	Invoice	Timesheet	Total Processed	Total Received	Unable to Process
Oct 18	383	9,776	1,312	11,471	11,471	0
Nov 18	341	8,876	1,154	10,371	10,371	0
Dec 18	359	9,350	1,112	10,821	10,821	0
Jan 19	270	9,382	1,142	10,794	10,794	0
Feb 19	295	8,744	962	10,001	10,001	0
Mar 19	320	9,514	1,288	11,122	11,122	0

Payments are made via check and direct deposit. The following tables show the number of weekly checks and direct deposits made by week for payroll and vendor payments for January through March 2019/

Payroll Payments Issued Q1 2019			
Check Date	Physical Checks	Direct Deposit	Total
1/4/19	918	3,217	4,135
1/18/19	1,047	3,824	4,871
2/1/19	956	3,398	4,354
2/15/19	979	3,389	4,368
3/1/19	953	3,312	4,265
3/15/19	906	3,391	4,297
3/29/19	934	3,442	4,376
Totals	6,693	23,973	30,666

Vendor Payments Issued Q1 2019			
Check Date	Physical Checks	Direct Deposit	Total
1/4/19	356	802	1,158
1/11/19	210	637	847
1/18/19	322	879	1,201
1/25/19	427	968	1,395
2/1/19	368	922	1,290
2/8/19	382	917	1,299
2/15/19	403	951	1,354
2/22/19	336	960	1,296
3/1/19	363	839	1,202
3/8/19	349	894	1,243
3/15/19	364	1,015	1,379
3/22/19	419	1,018	1,437
3/29/19	363	881	1,244
Totals	4,662	11,683	16,345

Medical Service Questionnaires:

A Medical Service Questionnaire (MSQ) is automatically triggered from the MMIS based upon data submitted on the claim that indicates an accident or trauma was involved. These are used to determine if there is tort coverage. When the client has returned a completed MSQ, an authorized user enters the response information on the Client Detail Medical Service Questionnaire Window. The user may also decide to set up a recovery case to begin the recovery process.

For the period 12/30/2016 thru 12/29/2017, the system generated 15,239 MSQs; 5,312 of which were returned, representing \$ 6,645,639.53 in reimbursement amount. The remaining 9,928 MSQ's were not responded to representing \$10,028,353.16 in reimbursement amount.

For the period 12/30/2017 thru 12/29/2018, the system generated 14,044 MSQs; 3,577 of which were returned, representing \$4,247,053.39 in reimbursement amount. The remaining 10,466 MSQ's were not responded to representing \$11,109,374.25 in reimbursement amount.

Drug Rebate Invoices (by quarter):

The Drug Rebate Program is a program that includes CMS, State Medicaid Agencies, and participating drug manufacturers that helps to offset the Federal and State costs of most outpatient prescription drugs dispensed to Medicaid patients. Conduent (using DRAMS) processes Drug Rebate invoices and dispute resolution for both Fee for Service and MCOs. . The MMIS stores data and produces reports for billing and analysis. The following table provides the Drug Rebate activity levels for the most recent quarters activity.

Quarter	Invoices Sent	Invoices Disputed	Checks Received
4Q2016	454	48	317
1Q2017	437	55	344
2Q2017	444	61	366
3Q2017	443	14	240
4Q2017	437	1	343
1Q2018	457	79	340
2Q2018	459	76	313
3Q2018	479	57	292
4Q2018	487	57	251
1Q2019	498	43	416
Total	4,595	491	3,222

Members Eligible and Enrolled:

Medicaid eligibility determinations and Managed Care enrollments are processed through ASPEN and then sent to the MMIS. ASPEN data will be sent to the Integration Platform real time. In addition to Medicaid Eligibility, the system receives eligibility for DOH and General Assistance clients and pays claims for services to these clients not eligible for Medicaid.

Eligible Members

Calendar Year	Unique Medicaid Member Counts	Unique Non-Medicaid Member Counts
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2014	845,161	1,596
2015	926,120	1,453
2016	974,734	1,298
2017	1,009,713	1,355
2018	979,677	1,252

For the most recent accounting of members enrolled by category, by program, by MCO and by county, please see the following link, which is updated monthly:

<http://www.hsd.state.nm.us/LookingForInformation/medicaid-eligibility.aspx>

Managed Care Enrollees

Clients are offered the opportunity to choose an MCO at the time of their Medicaid application. If one is not chosen and the client is mandatory for enrolment, an auto assignment is made.

Calendar Year	Unique Members Enrolled
2014	681,651
2015	743,049
2016	778,925
2017	798,038
2018	794,132