NEW MEXICO HUMAN SERVICES DEPARTMENT

Medicaid Management Information System Replacement (MMISR) Project



PROPOSAL ADDENDUM 3 (Three) ADDENDUM TITLE: HHS 2020 Work Flows

> Created/Updated: June 20, 2019 Version: 1.4

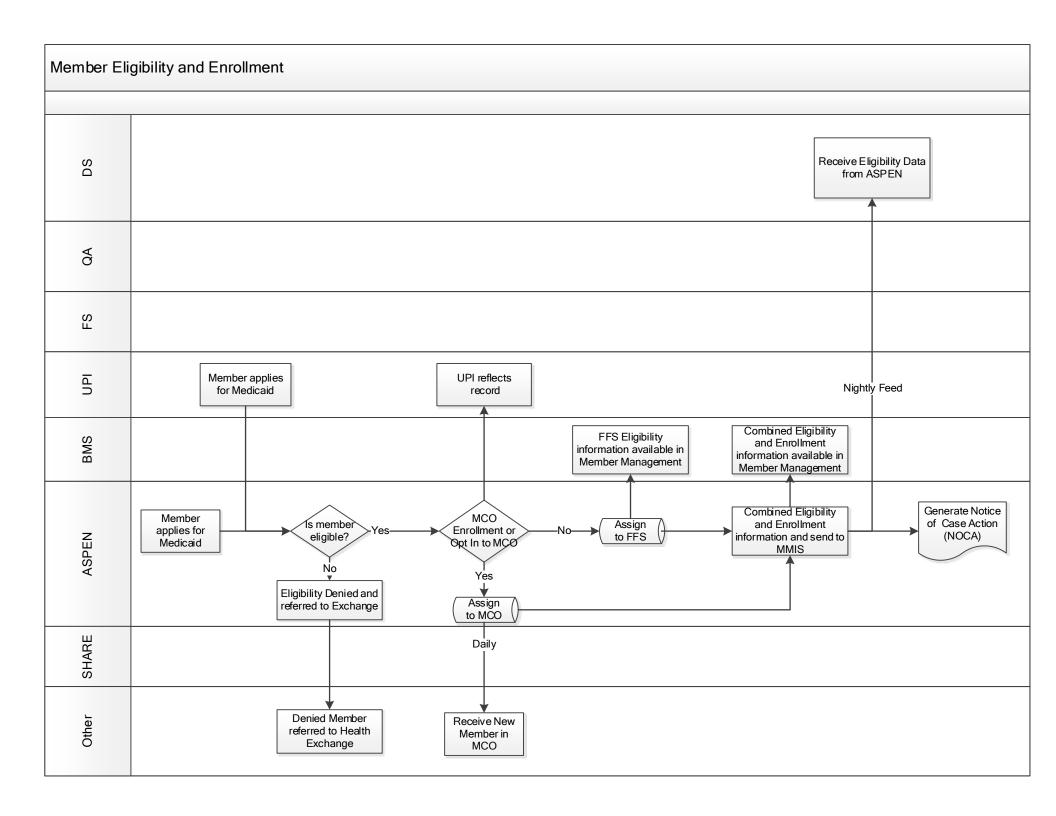
Revision History

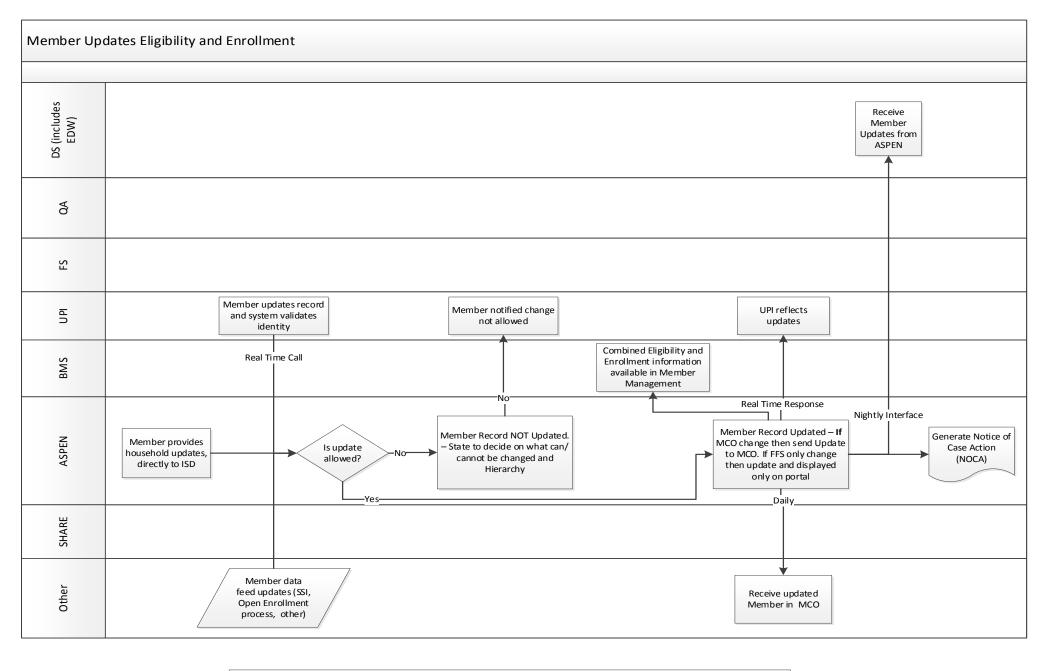
Date	Version # & Reason for Revision	Requester	Editor/Author
	1.1– Formatting consistency across		Sherri Poindexter
05/12/2016	documents	Sherri Poindexter	
01/31/2018	1	Sherri Poindexter	Sherri Poindexter
	modules		
06/10/2019	1.3 Revised and clean up	Rick Wilminko	Rick Wilminko
06/20/2019		Sherri Poindexter	Sherri Poindexter
	MCO 835		

MMISR Vision Work Flows

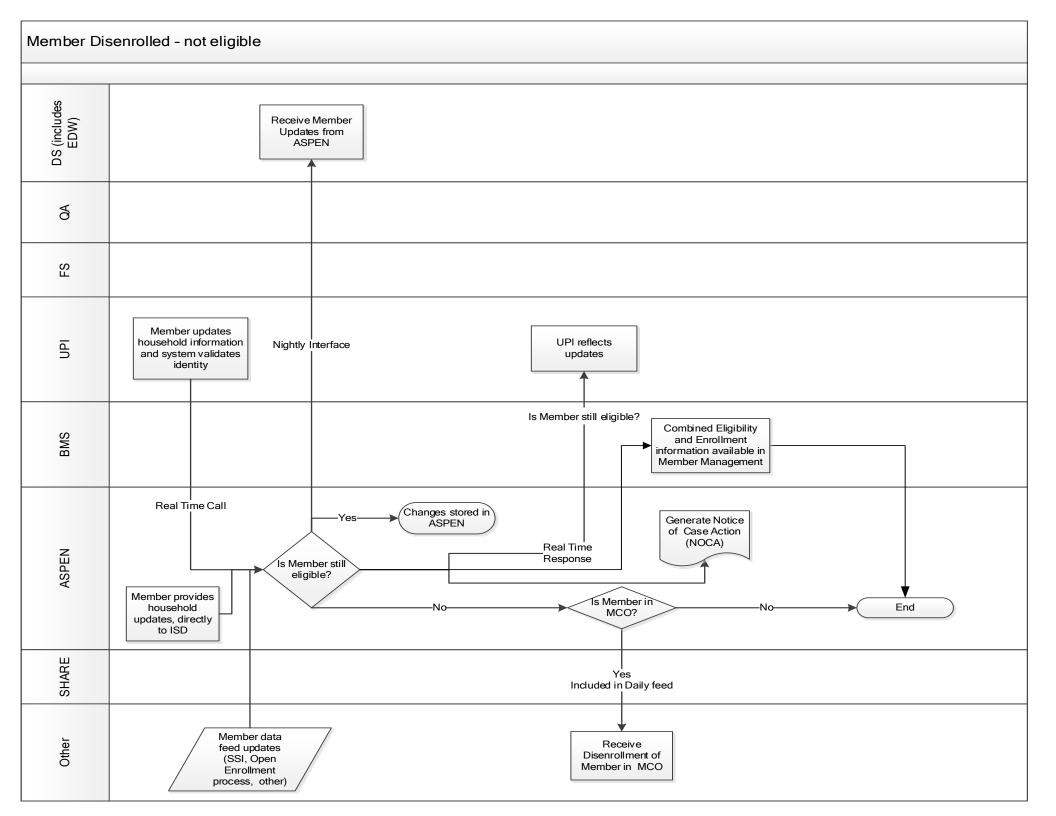
The following To-Be flows are high level samples of the integration and interdependence of the various modules as of June 2019 and are subject to change. The Enterprise Service Bus (ESB) provides the mechanism for the transfer of data between the modules. Data received in the system is stored in the Enterprise Data Warehouse and is available for reporting through the Data Services module. Some data will not be stored in the system but will be retrieved via Service Calls through the ESB. This document is not intended to provide detailed Business Process Flows, they are only intended as possible "straw-men" for future process flows. Actual flows will be created and approved during colabortive JAD sessions with all connected BPOs and Stakeholders.

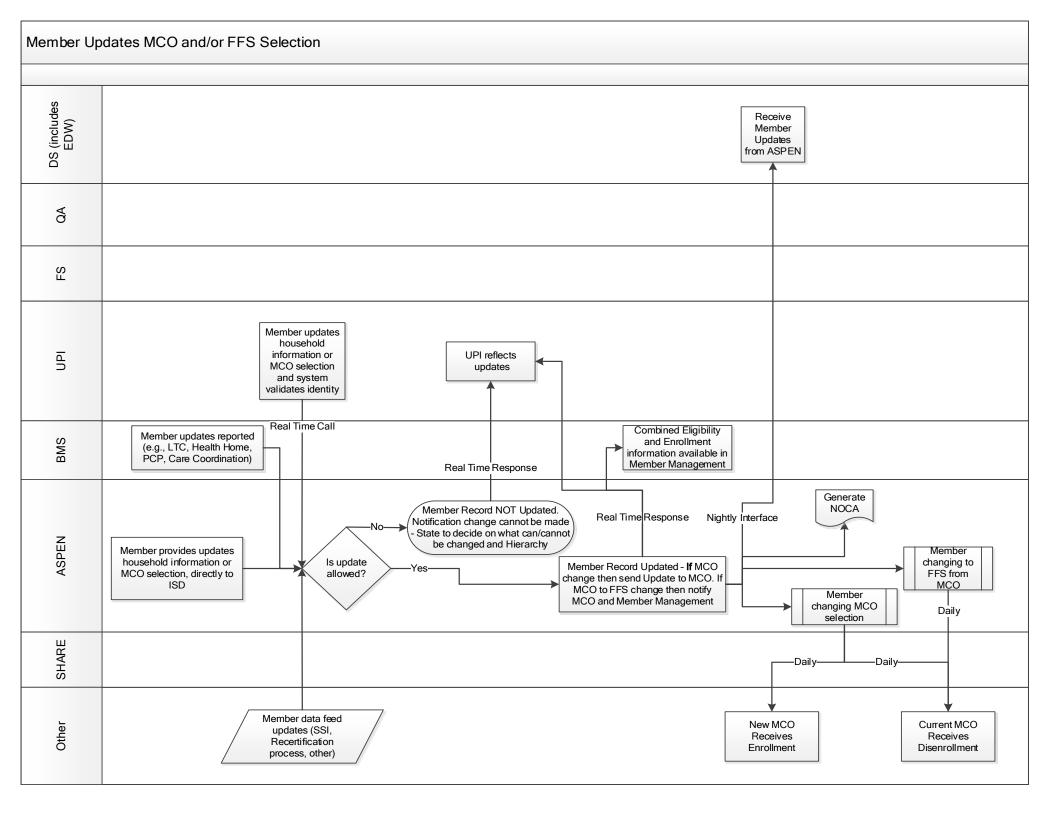
Key: Statewide Human Resources, Accounting, and Management Reporting System of NM (SHARE), Automated System Program and Eligibility Network (ASPEN) Benefit Management Services (BMS), Unified Public Interface (UPI) which includes Portal and Consolidated Customer Support Center (CCSC), Financial Services (FS), Quality Assurance (QA), Data Services (DS), Enterprise Data Warehouse (EDW).

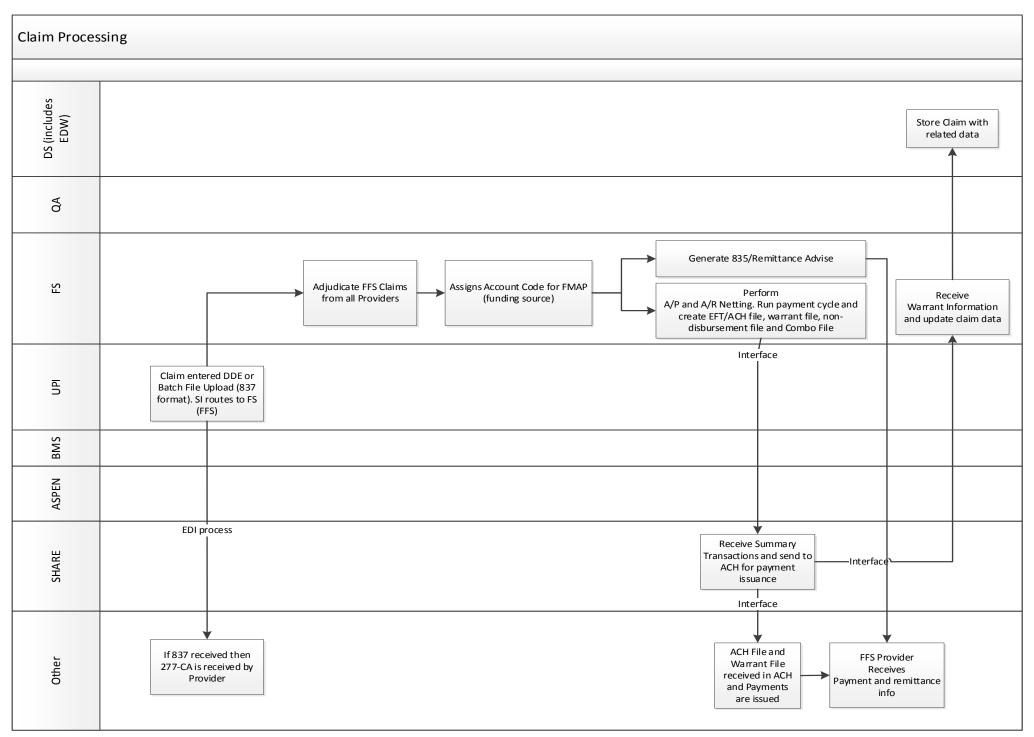




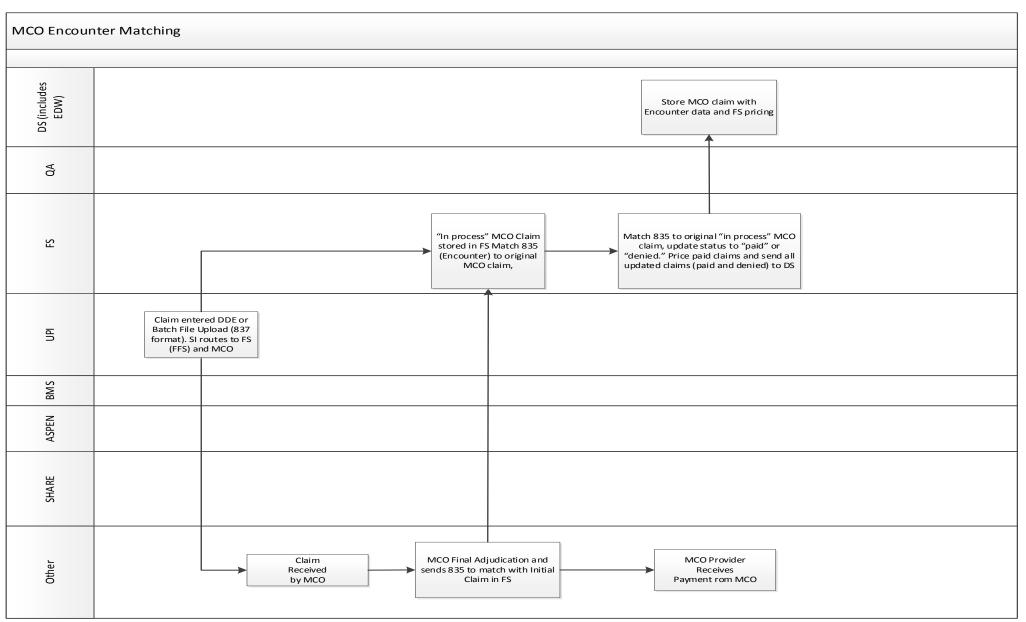
- Native American Members are not required to be in MCO but can opt into MCO and change option at any time
- Only Members with Full Medicaid are allowed to enroll in MCO
 - Newborn Member is enrolled in same MCO as mom
 - Members with a break in coverage, of less than 180 days, are re-enrolled in same MCO as prior enrollment
 - Open Enrollment is annually and member can change selection for up to 45 days of Open Enrollment date
- MCO Enrollment starts the first of the month after selection and capitation generation
 - o if capitation has not run, then first of the next calendar month
 - o if capitation has run then first of month after next calendar month





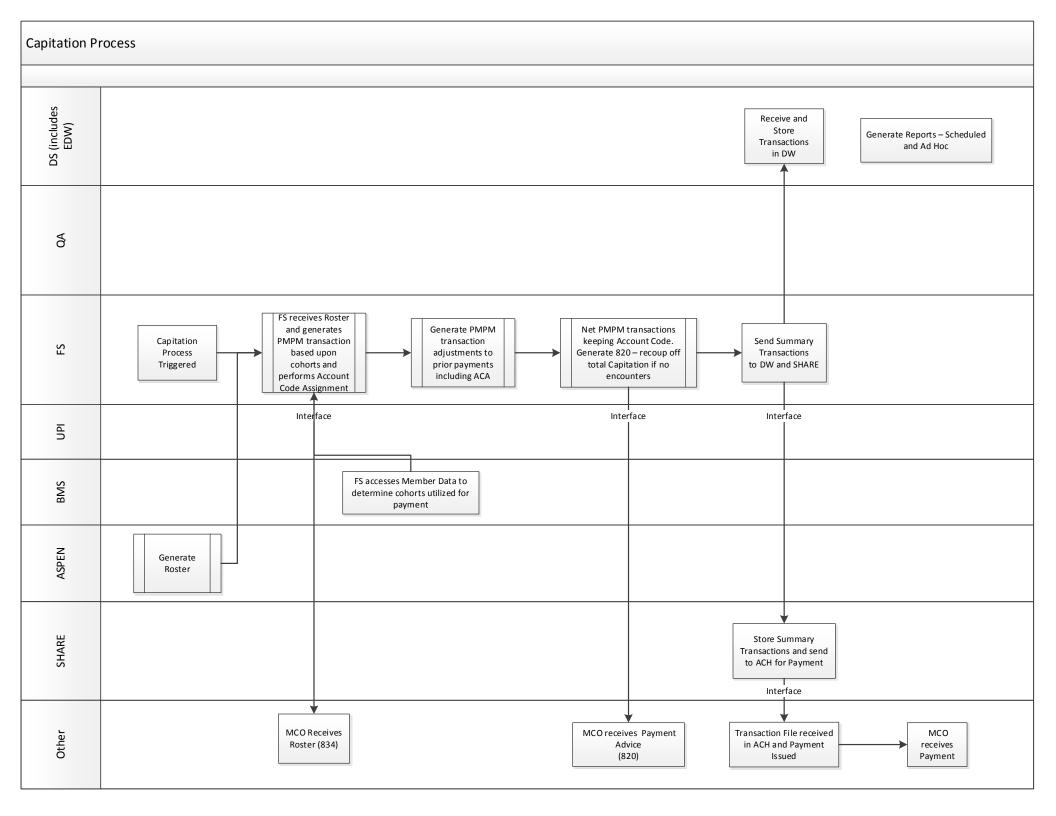


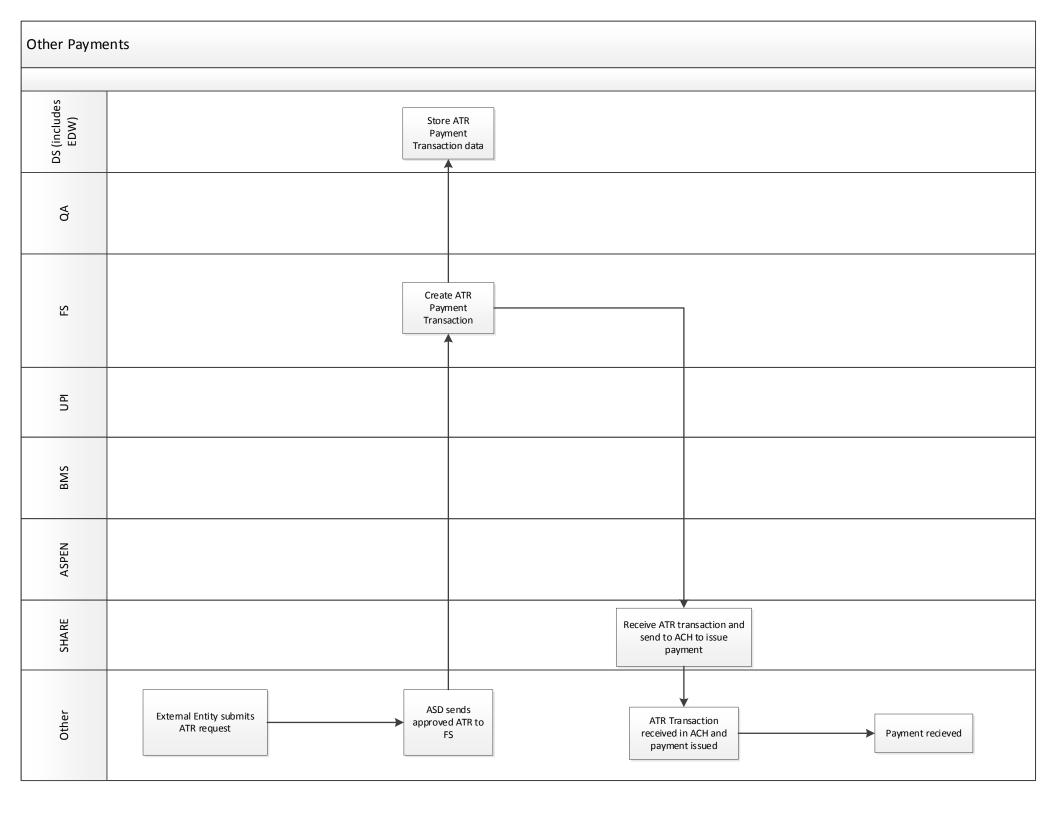
All Providers will be required to submit a separate claim files for FFS and each MCO. The SI will send the files to the MCO or FFS Contractor.

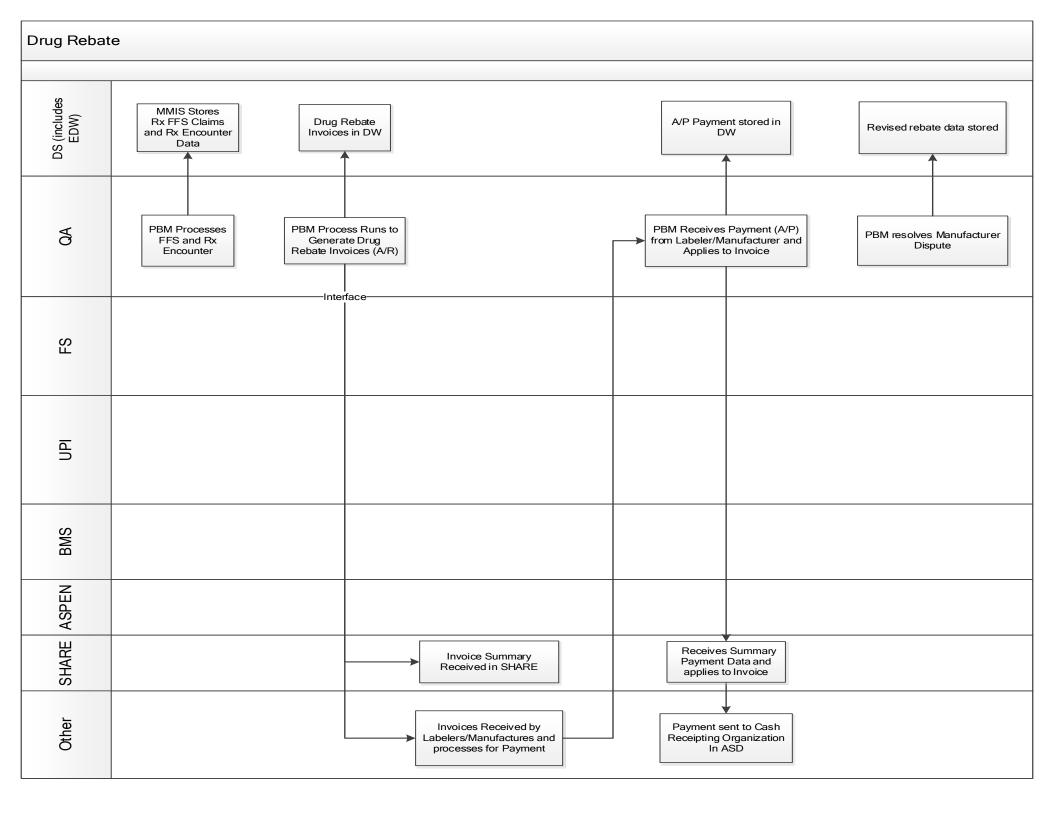


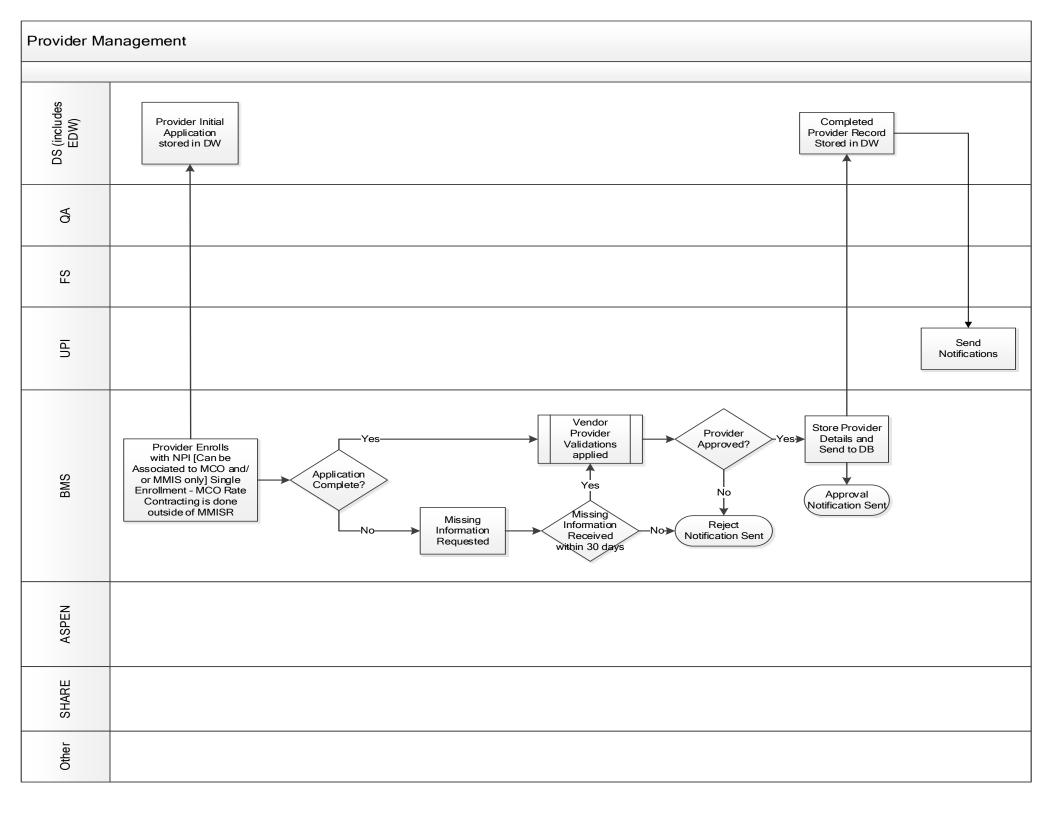
All Providers will be required to submit a separate claim files for FFS and each MCO. The SI will send the files to the MCO and/or FFS Contractor. IF an 835 Encounter is not received from the MCO within State defined timeframe, FS will send the original claim with status "in process" to DS.

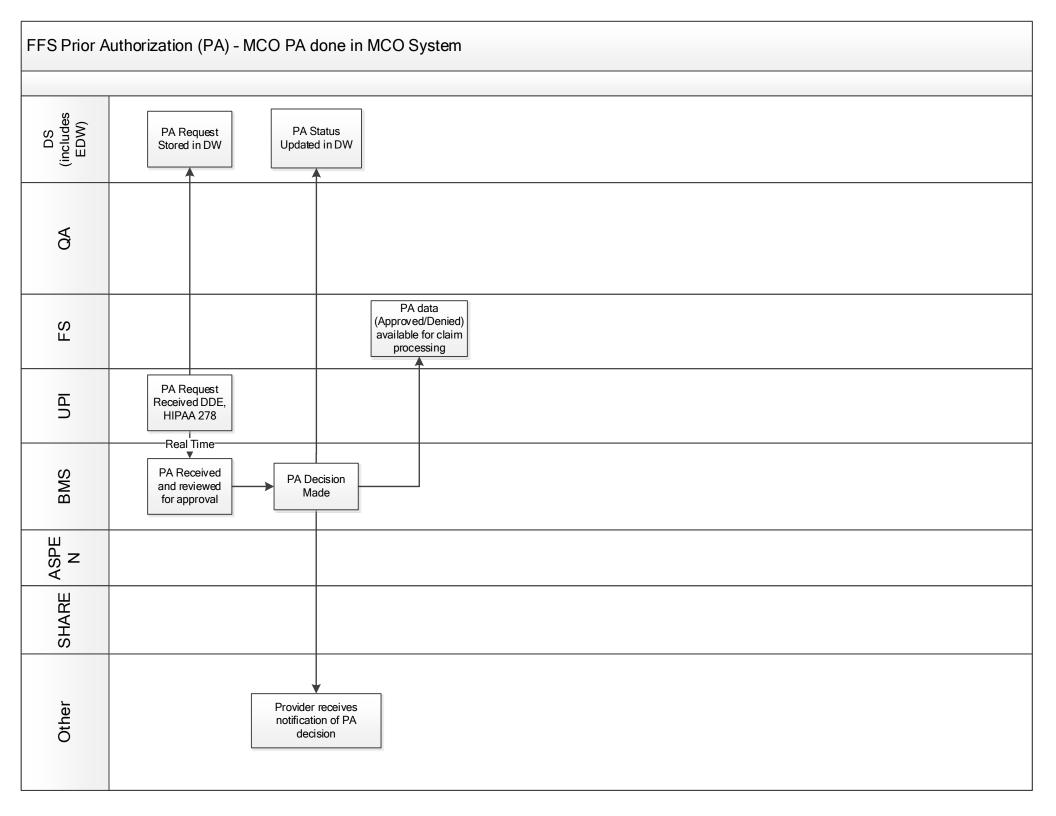
SI sends the MCO Encounter 835 to FS for matching and to MCO Provider.

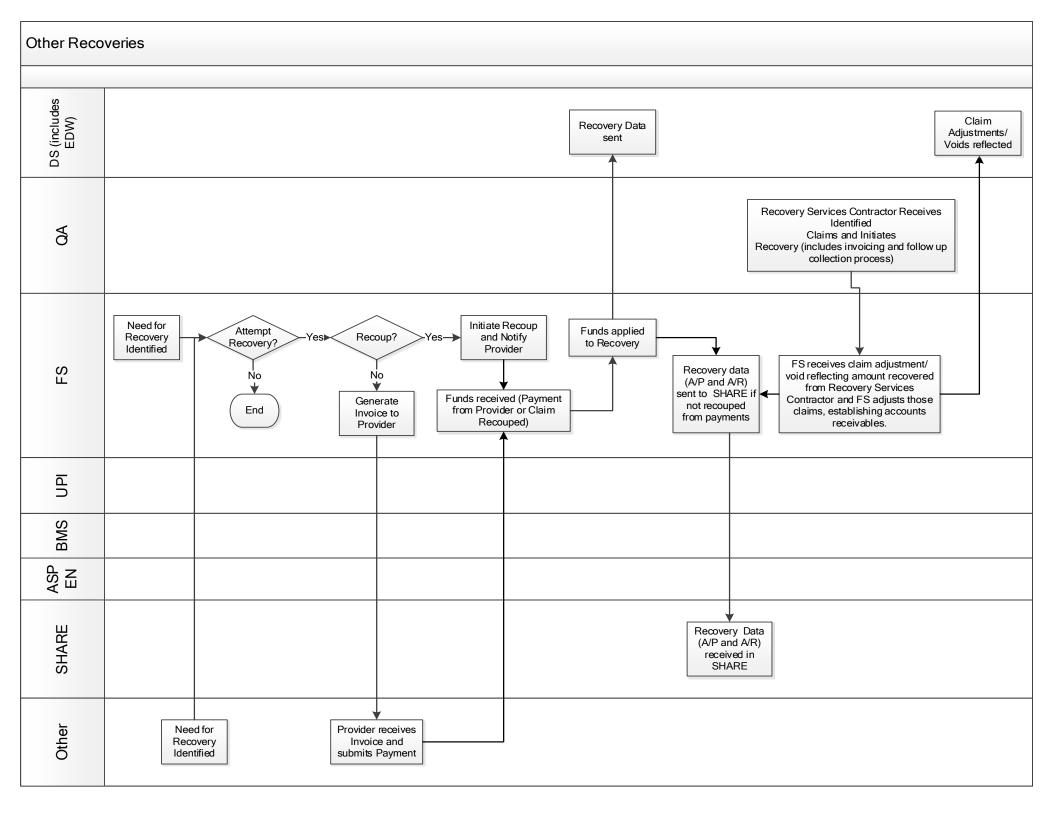












Reporting	
DS (includes EDW)	Scheduled Report Generated and Available for Viewing Notification Report has Generated is Sent Super User Completes Ad Hoc Query and Views Report DS stores Ad Hoc Query for future use Enterprise Partner Access to Reports and Data NOTE Ad Hoc Reports are not store in DS. The query can be stored for reuse but not the results
OA	
FS	
UPI	
BMS	
ASPEN	
SHARE	
Other	

