PROGRAM DESCRIPTION

Department: Social Services
Program Name: Office of Director
Program is found in the following core budget(s): Systems Management

HB Section(s):   11.025

1a. What strategic priority does this program address?

Protect the integrity of the Missouri Medicaid program

1b. What does this program do?

- Supports maintenance and operations for the Missouri Medicaid Audit and Compliance (MMAC) Program Integrity (PI) Solution, implemented during October 2020, to replace the previous Fraud and Abuse Detection System (FADS), the Surveillance and Utilization Review System (SURS) and several other legacy PI databases that were outdated and no longer supported. The PI Solution, which includes a comprehensive electronic case management module, utilizes the most up-to-date technologies for the detection of provider and participant Medicaid fraud and abuse, provides enhanced capabilities for audit and investigations processes, and allows for data mining, identification of claims outliers, and ad hoc query/reporting capabilities.
- Supports continuing operation and system changes of electronic solutions that conduct federally required eligibility screening and monthly monitoring of all enrolled Missouri Medicaid providers, as well as their owners and managing employees. These solutions also allow MMAC to properly enroll, monitor compliance, and suspend and/or terminate providers.
- For Title XIX Medicaid purposes, "systems mechanization" and "mechanized claims processing and information retrieval systems" is identified in section 1903(a)(3) of the Act and defined in regulation at 42 CFR 433.111. The objectives of MMAC systems and enhancements include monitoring Title XIX program control and administrative costs; service to participants, providers and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.
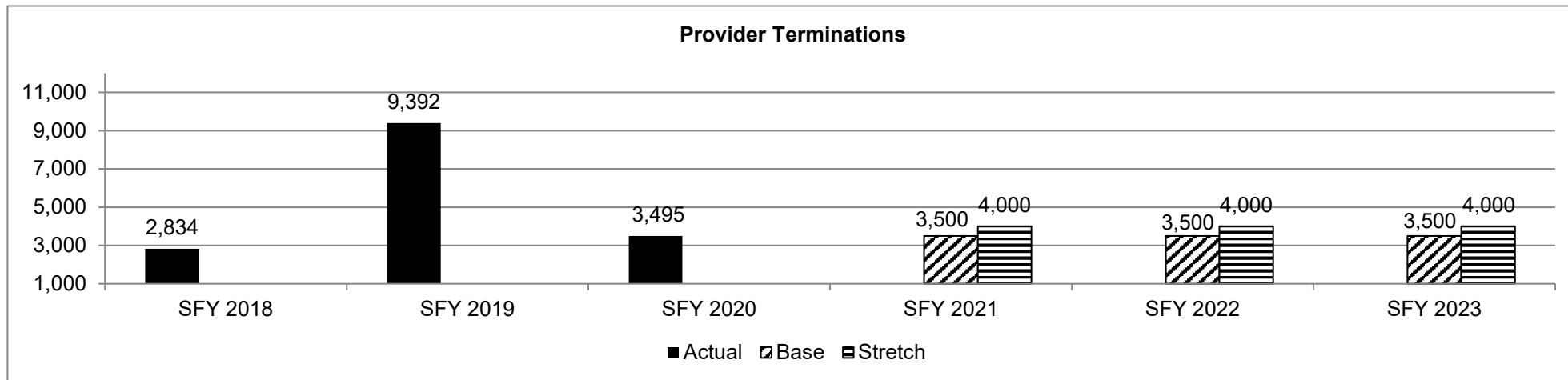
PROGRAM DESCRIPTION
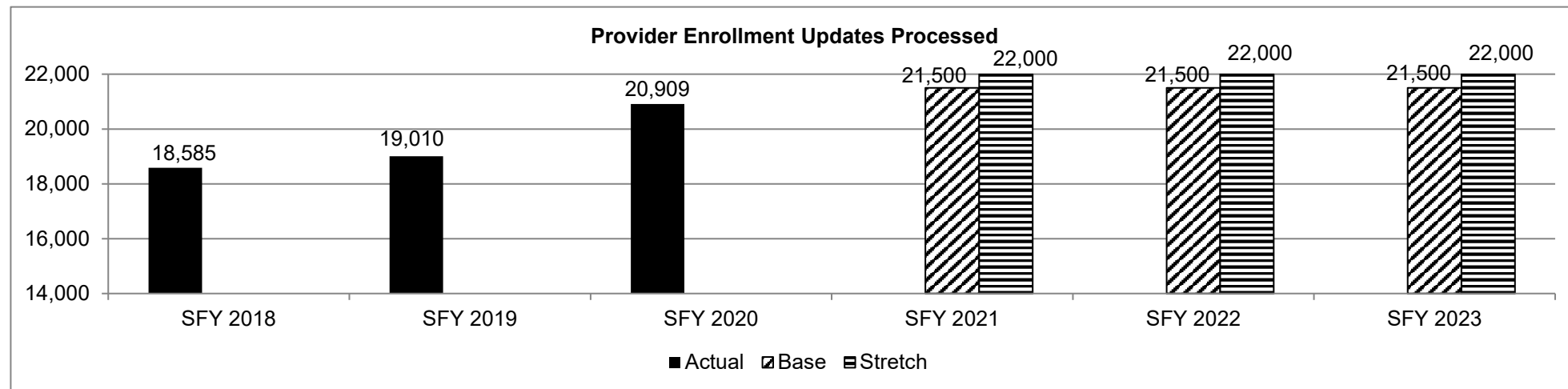
Department: Social Services

HB Section(s):   11.025

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2a.   Provide an activity measure(s) for the program.

Provider Terminations

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Actual	2,834	9,392	3,495			
Base				3,500	3,500	3,500
Stretch				4,000	4,000	4,000

■Actual ▨Base ▤Stretch

2b.   Provide a measure(s) of the program's quality.

Provider Enrollment Updates Processed

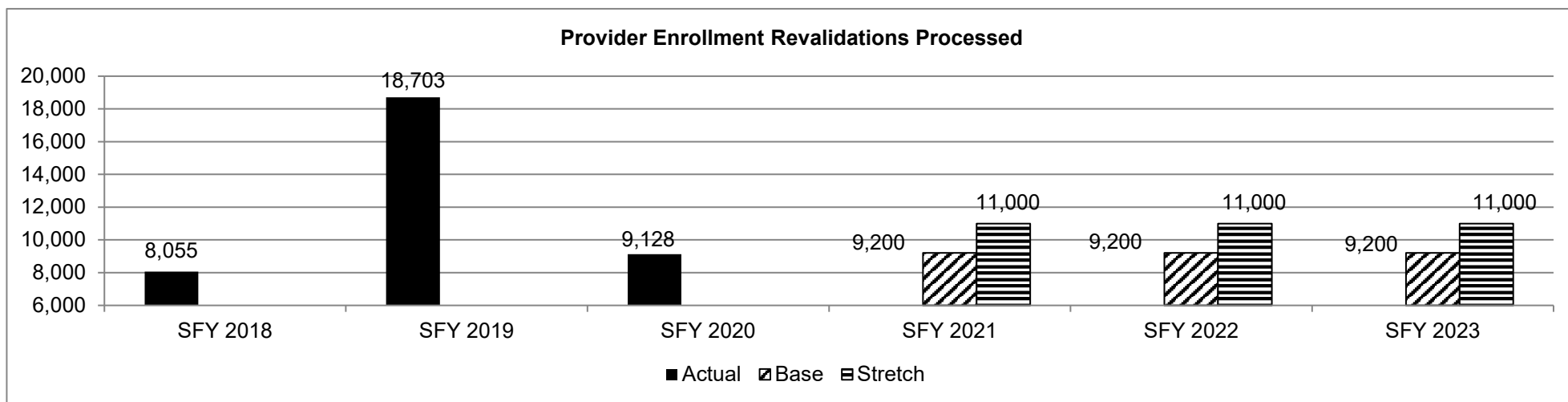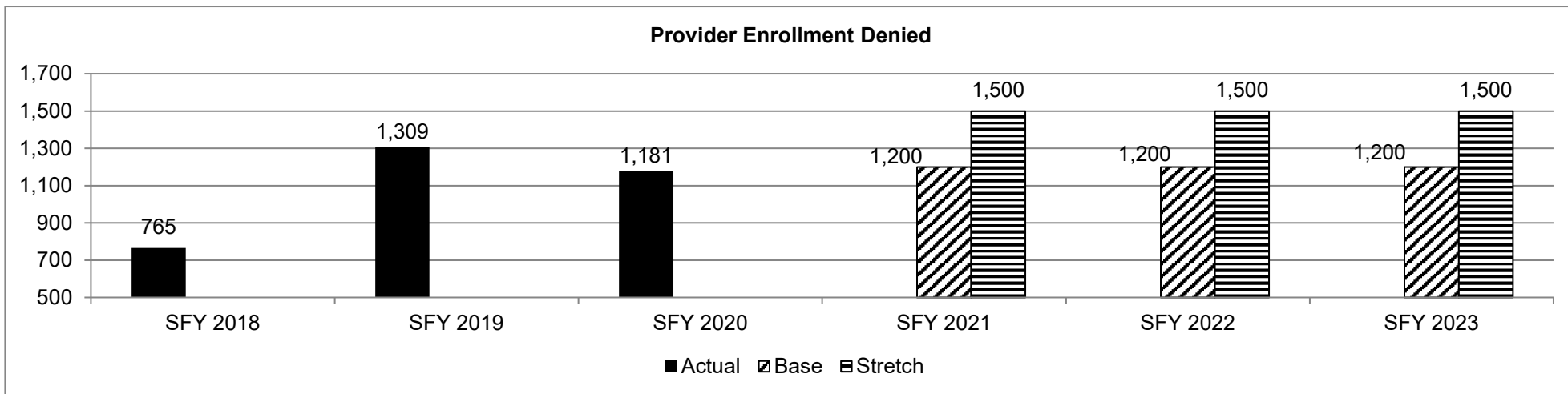|	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Actual	18,585	19,010	20,909			
Base				21,500	21,500	21,500
Stretch				22,000	22,000	22,000

■Actual ▨Base ▤Stretch

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2c.   Provide a measure(s) of the program's impact.

Provider Enrollment Denied

	Actual	Base	Stretch
SFY 2018	765		
SFY 2019	1,309		
SFY 2020	1,181		
SFY 2021		1,200	1,500
SFY 2022		1,200	1,500
SFY 2023		1,200	1,500

Provider Enrollment Revalidations Processed

	Actual	Base	Stretch
SFY 2018	8,055		
SFY 2019	18,703		
SFY 2020	9,128		
SFY 2021		9,200	11,000
SFY 2022		9,200	11,000
SFY 2023		9,200	11,000

All providers were required to revalidate their Medicaid
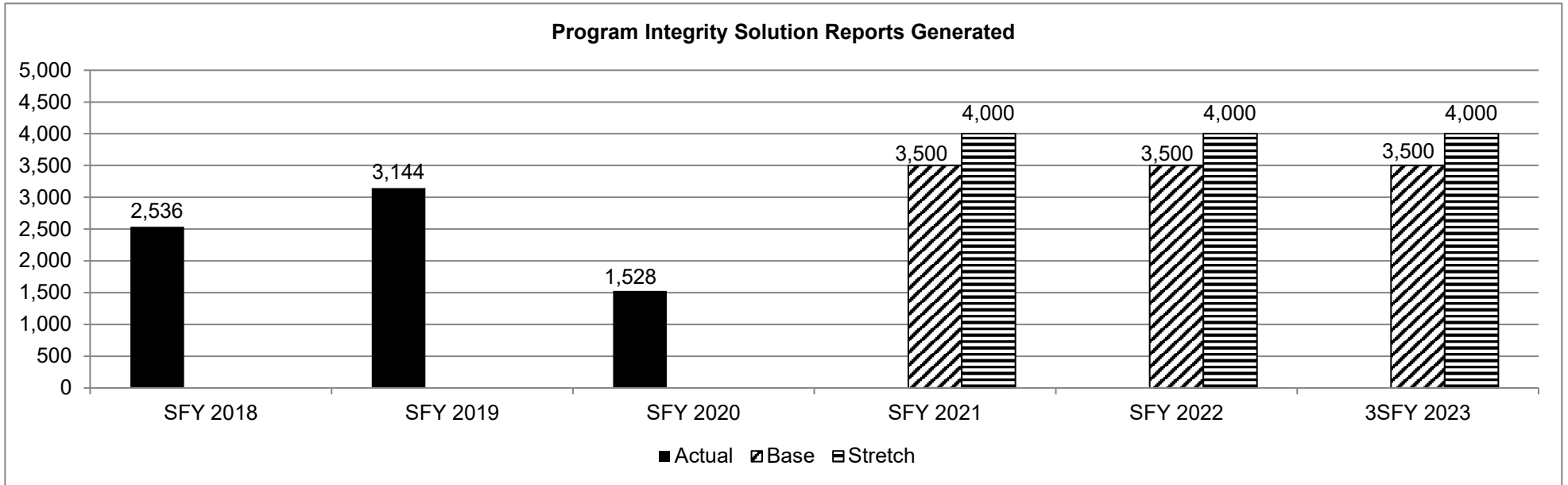
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): **11.025**

Program Name: Office of Director
Program is found in the following core budget(s): Systems Management

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2d.   Provide a measure(s) of the program's efficiency.

Program Integrity Solution Reports Generated

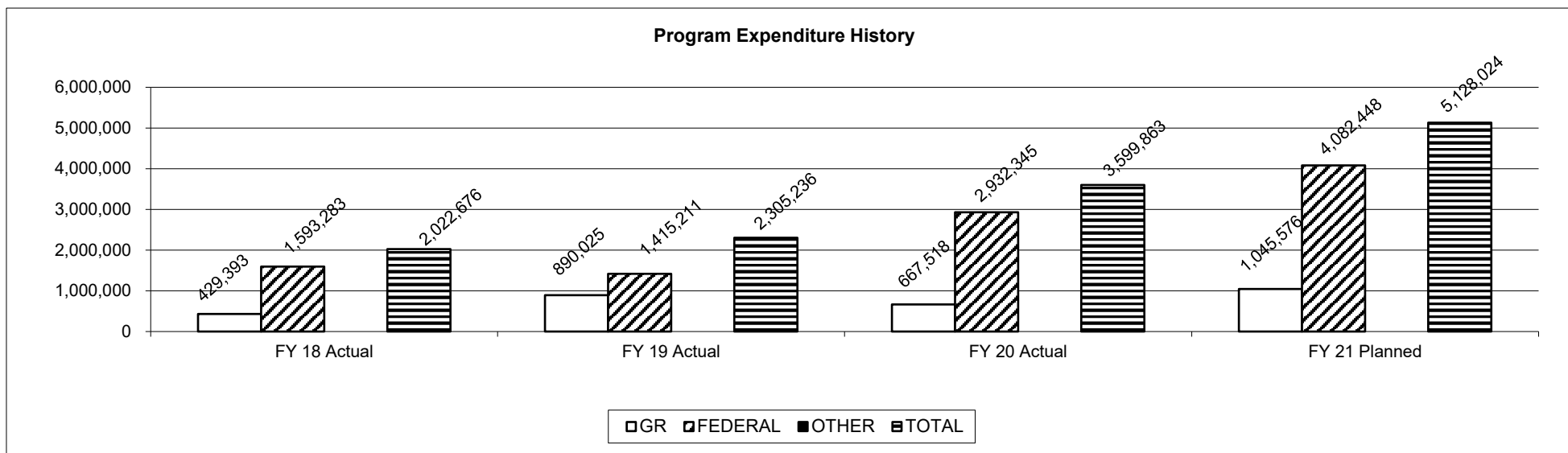|		
■Actual	▨Base	⊟Stretch

Due to the expiration of the FADS contract on 12/31/2019, MMAC lost access to the reporting tools for the last six months of SFY 2020.

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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.*)

Program Expenditure History

	FY 18 Actual	FY 19 Actual	FY 20 Actual	FY 21 Planned
GR	429,393	890,025	667,518	1,045,576
FEDERAL	1,593,283	1,415,211	2,932,345	4,082,448
TOTAL	2,022,676	2,305,236	3,599,863	5,128,024

☐GR ☐FEDERAL ■OTHER ▤TOTAL

Planned FY 2021 expenditures are net of reserves, reverted and restricted.

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4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Social Security Act, Section 1903 (a) (3); 42 CFR 43.111.

6. Are there federal matching requirements? If yes, please explain.

Expenditures related to the operation of the Medicaid Management Information System (MMIS) earn a 75% federal match. Expenditures related to the implementation of the new Provider Enrollment - Case Management system earn a 90% federal match.

7. Is this a federally mandated program? If yes, please explain.

N/A