

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.040

Program Name: Office of Director

Program is found in the following core budget(s): Systems Management

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System (FADS), the Surveillance and Utilization Review System (SURS) and several other legacy PI databases that were outdated and no longer supported.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.

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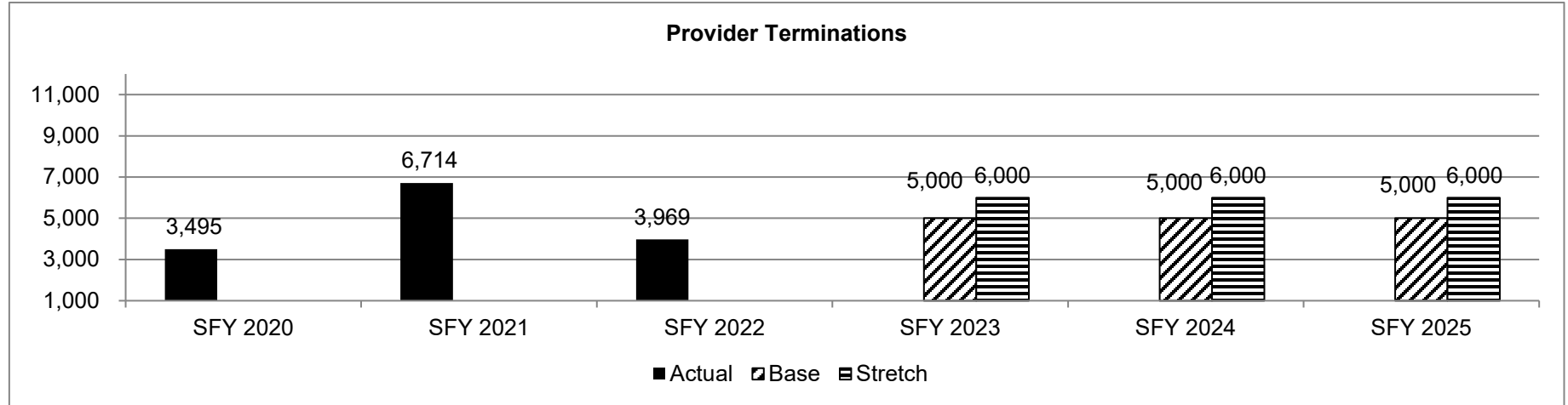
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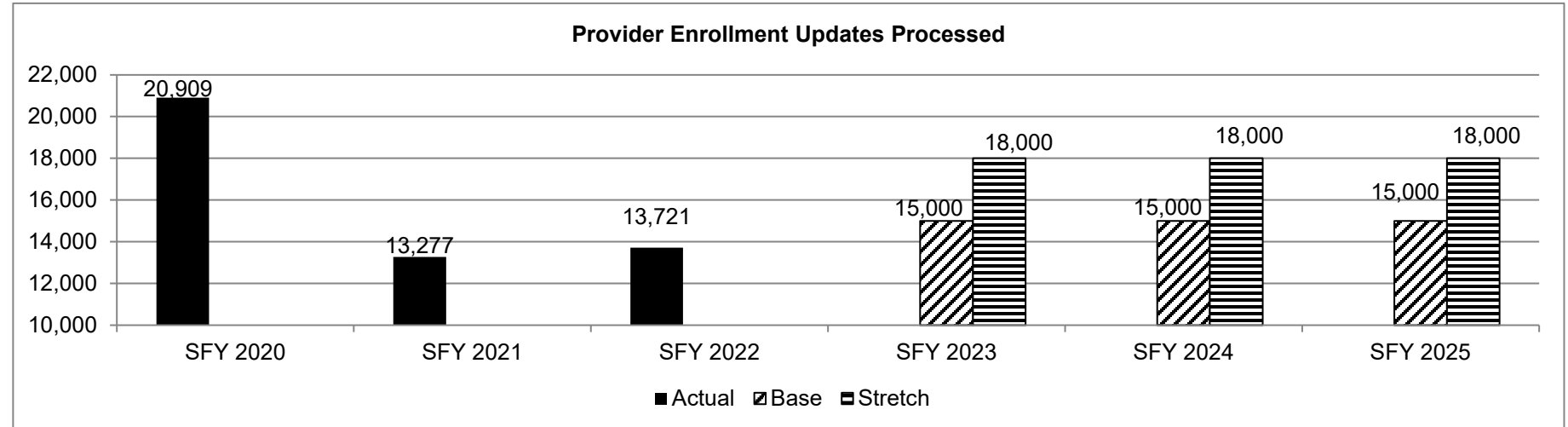
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2a. Provide an activity measure(s) for the program.



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



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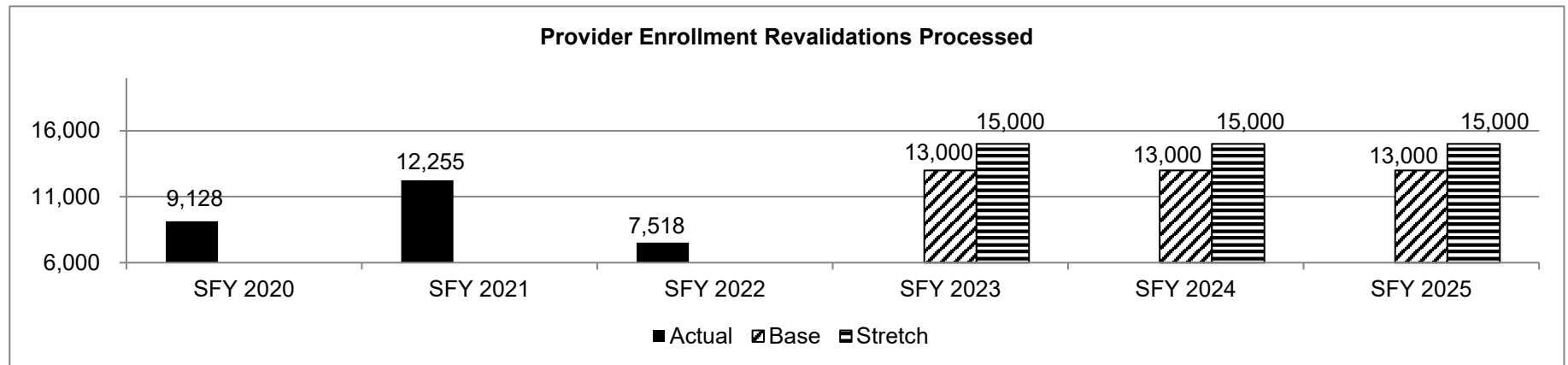
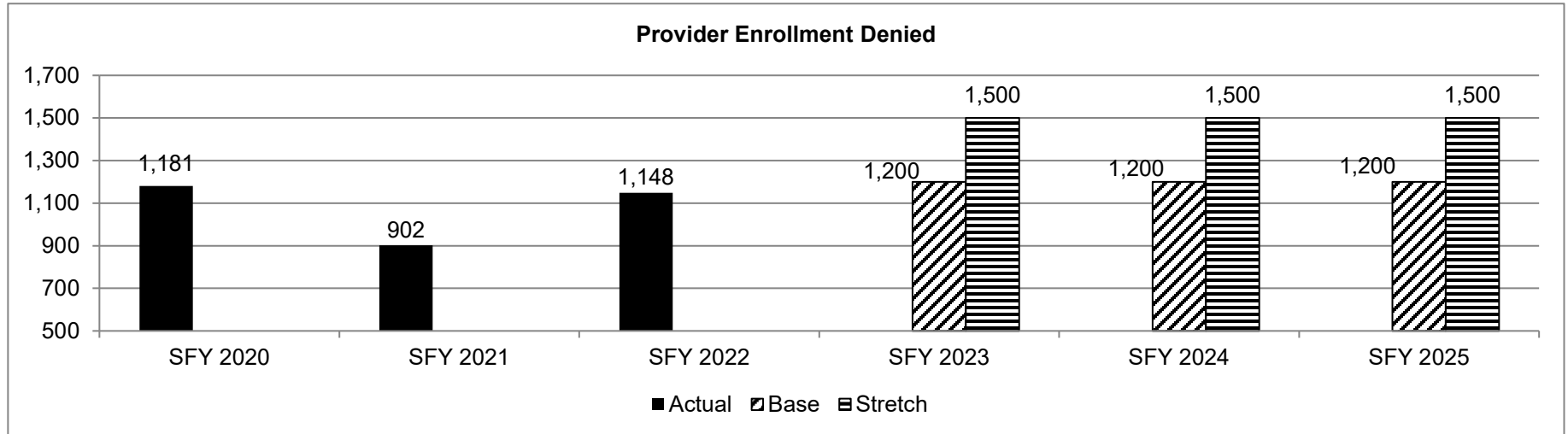
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2c. Provide a measure(s) of the program's impact.



All providers were required to revalidate their Medicaid enrollment by 06/30/2019 and at least every 5 years thereafter.

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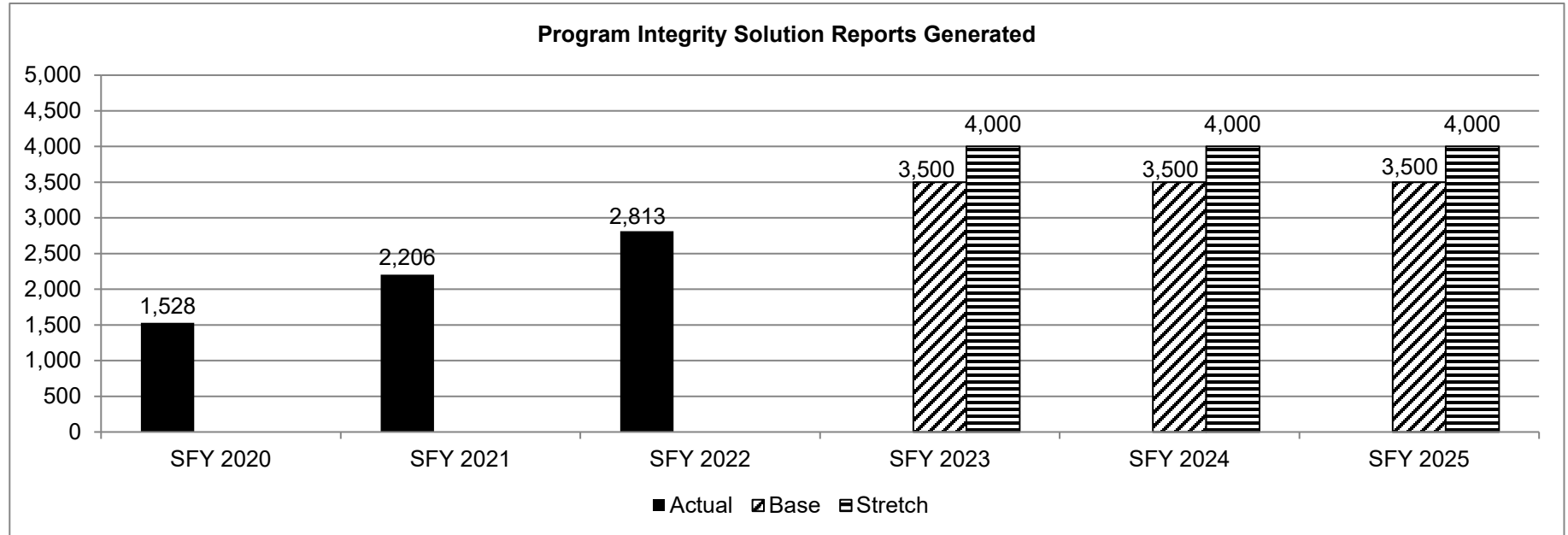
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2d. Provide a measure(s) of the program's efficiency.



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

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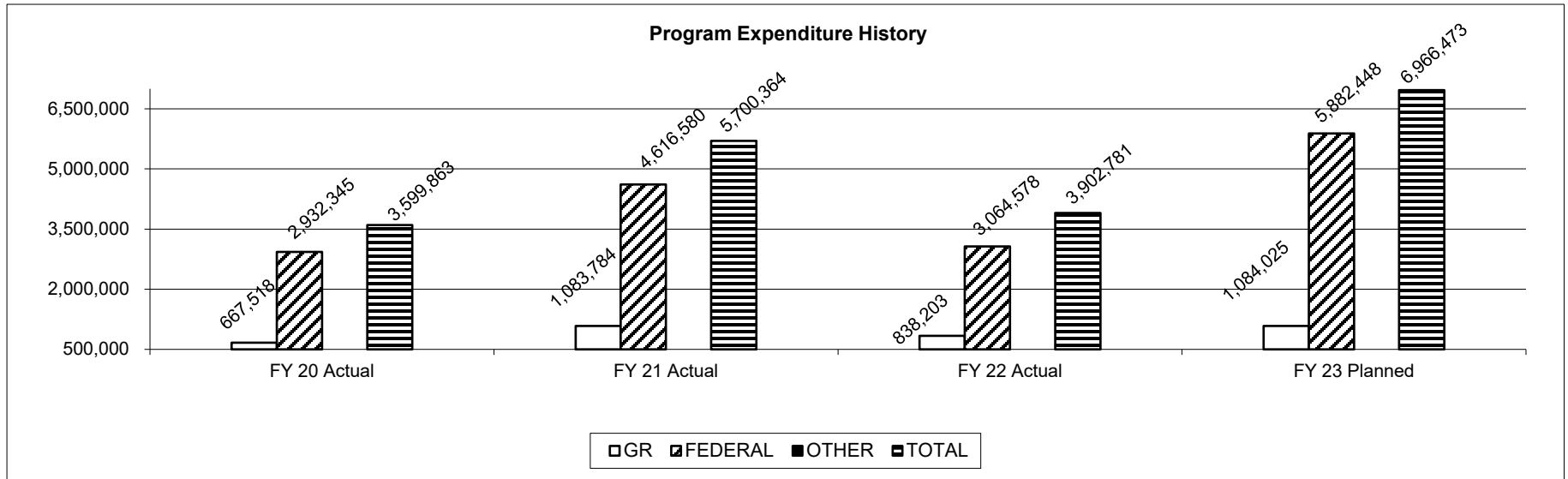
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY 2023 expenditures are net of reverted.

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) and the Program Integrity Solution earn a 75% federal

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

N/A