NEWSLETTER

TO: All Providers and Health Maintenance Organizations – **For Action**

SUBJECT: **Replacement Medicaid Management Information System - Frequently Asked Questions (FAQs)**

PURPOSE: To introduce the NJ FamilyCare (NJFC) Fee-for-Service (FFS) provider community to information for a plan by the New Jersey Division of Medical Assistance and Health Services (DMAHS) to implement a new Medicaid Management Information System (MMIS) that will replace the current New Jersey Medicaid Management Information System (NJMMIS).

BACKGROUND: The Centers for Medicare and Medicaid Services (CMS) mandates that states upgrade their MMIS to introduce to its claiming and information maintenance processes technological enhancements intended to improve overall business functions and enhance the efficiency of the claims adjudication process.   The MMIS is a computerized claims processing and information retrieval system that supports NJFC business functions and maintains information vital to the payment of healthcare claims to FFS-enrolled providers and NJFC-participating managed care organizations (MCOs).

Molina Medicaid Solutions ("Molina") has the responsibility of implementing the Replacement Medicaid Management Information System (RMMIS).   Health PAS is the Replacement MMIS solution.   Health PAS is a web-enabled, browser-based system that integrates a new business data warehouse and an electronic health record.

Benefits and features of the RMMIS include:

- ✓ On-line claims processing and the continuation of a weekly payment cycle;
- ✓ Real-time pharmacy claims adjudication;
- ✓ On-line claims status inquiries; Eligibility verification requests submitted directly to the RMMIS online prior to a service being provided;
- ✓ Provider access to new web-based options to support provider enrollment and prior authorization requirements;
- ✓ Access to computer-based training available from the RMMIS.

ACTION: DMAHS and Molina Medicaid Solutions understand the complexities of converting from the NJMMIS to a RMMIS.   The RMMIS timeline is subject to change to ensure that the RMMIS is best prepared to assure its claims processing responsibilities. The RMMIS implementation plan is sensitive to the communication

needs of NJFC providers. **As the plan moves forward, providers will receive further information, as well as training opportunities, to better understand the conversion process.**

Brief Highlights of the RMMIS Implementation Plan

➢ Submitters of standard Health Insurance Portability and Accountability Act (HIPAA) claim transactions **shall be required** to complete a new HIPAA Trading Partner Agreement (TPA) through on-line registration to be made available in the RMMIS provider web portal.

The TPA, as required under HIPAA Section 160.103, is an agreement for the exchange of information in electronic transactions between a submitter and Molina Medicaid Solutions. The TPA replaces the HIPAA Electronic Data Interchange (EDI) Agreements submitters previously executed for the NJMMIS. To support the TPA certification process, submitters will be required to submit three (3) test files per transaction type utilized.

Providers/submitters will be notified regarding when on-line access to the TPA registration will be made available. Providers/submitters who fail to complete the TPA registration will be ineligible to receive FFS payments from the NJFC program.

➢ The RMMIS will strictly comply with HIPAA of 1996 and the Patient Protection and Affordable Care Act (ACA) standards for electronic transactions, code sets, and unique identifiers.

➢ The National Plan and Provider Enumeration System (NPPES) will have a role in the new RMMIS. The National Provider Identifier (NPI) assigned by the NPPES will be the provider's new Medicaid Provider Identification Number in the RMMIS. The taxonomy code(s) selected by a provider on the NPPES will be used by the RMMIS, as part of the conversion to the new system, to identify a provider's specialty or specialties.

➢ Providers are responsible for ensuring that the taxonomy information found in the NPPES accurately represents their intended provider specialty or specialties.

To communicate to providers important information regarding the RMMIS, Molina is developing an "Informational Page" that will be accessible through the Molina website, www.njmmis.com. Providers would left navigate the website and select "Information about New MMIS." This Page will include user guides, **additional frequently asked questions (FAQs)**, companion guides and announcements. Once the website is fully developed, providers are encouraged to frequent the website to remain current of important information.

For the purposes of introducing the first set of FAQs, attached to this Newsletter are questions that providers may frequently ask as they learn more about the RMMIS.

If you have any questions concerning this Newsletter, a special mailbox has been established to address early questions regarding the RMMIS: NJRMMISINFORMATION@molinahealthcare.com

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

All Providers – General

1. Q. What is an MMIS?

A. The Medicaid Management Information System (MMIS) is the mechanized claims processing and information retrieval system that all states are required to have according to section 1903(a)(3) of the Social Security Act and defined in regulation at 42 CFR 433.111. All states operate an MMIS to support Medicaid business functions and maintain information in such areas as provider enrollment, member eligibility, including third party liability, benefit package maintenance, managed care enrollment, care management, financial management, claims processing and prior authorization.

2. Q. Why is the current MMIS being replaced?

A. The current MMIS is more than 25 years old. Enhancements in technology have been developed since it was created, and these new developments will offer improvements in business processes for the NJ FamilyCare Program and its enrolled providers. Additionally, federal regulations require states to periodically re-procure an MMIS to improve efficiency.

3. Q. What is Health PAS?

A. Health PAS is the Replacement MMIS (RMMIS) solution. It is a flexible and adaptable solution that maximizes the use of application-ready, Commercial-Off-the-Shelf (COTS) products to support existing health benefit programs with the capability to expand and support future benefit plans. Health PAS is a web-enabled, browser-based system that will integrate with the new Business Data Warehouse (BDW), Health Information Exchange (HIE), Health Insurance Exchanges (HIXs), and the State's Member Integrated Eligibility System.

4. Q. Which providers will use the Replacement MMIS at implementation?

A. All providers who currently submit claims or encounters to NJ FamilyCare for payment through the current MMIS legacy system will use the RMMIS at implementation.

5. Q. Are there other states using Health PAS?

A. Yes. Health PAS is a Medicaid Information Technology Architecture (MITA)-aligned System that is currently operating in three states (Idaho,

Maine, and West Virginia) and one territory (U.S. Virgin Islands) and is certified by CMS in the three states.

6. **Q. How will providers be notified when new information is posted to the FAQs?**

   A. Molina will add more information as the RMMIS project progresses. Please check this site often for updated information.

7. **Q. If I have questions about the Replacement MMIS, who should I contact?**

   A. A special mailbox has been established to address questions regarding the RMMIS: NJRMMISINFORMATION@molinahealthcare.com.

8. **Q. As an enrolled NJMMIS provider, should I anticipate any changes to the claims and encounters process?**

   A. Yes. The RMMIS will use a provider's National Provider Identifier (NPI) as their new Medicaid Provider Identification (ID) Number. The NPI shall replace a provider's 7-digit Medicaid Provider ID now reported on claims to request payments. An additional change is that a provider's taxonomy code will determine a provider's specialty and determine those services a provider is qualified to bill to the NJFC FFS program. The RMMIS will accept standard HIPAA claim transactions. Updated Companion and Billing Guides can be found under "Information about new MMIS" at https.//www.njmmis.com.

9. **Q. Will the implementation have any impact on the State's policies regarding NJ FamilyCare FFS reimbursement?**

   A. No. The RMMIS implementation will have no impact on NJFC FFS reimbursement policies.

10. **Q. As a current NJ FamilyCare FFS provider, should I anticipate any changes to the frequency of claim payments?**

    A. No. Like today, the RMMIS will adjudicate claims according to a fixed weekly payment cycle.

11. **Q. How will reimbursement information be provided by the RMMIS?**

    The RMMIS will continue to provide timely reimbursement information via a secure provider web portal.

12. **Q. What impact will the RMMIS have on my ability to request FFS prior authorizations?**

A. Providers who currently request prior authorizations from a Medical Assistance Customer Center (MACC) office or the Dental or Podiatry Offices at DMAHS shall transmit their NJFC FFS prior authorization (PA) requests through their secure provider web portal. The portal will also be used by the RMMIS to communicate the outcome of PA requests. Providers shall receive additional information regarding prior authorization procedures. Procedures for requesting prior authorization from other sources, such as the Children's System of Care, Contracted Systems Administrator (PerformCare), the Interim Managing Entity (IME), Logisticare or Molina Medicaid Solutions for the Medical Exception Process shall not change. Also, prior authorization requests currently submitted to Division of Developmental Disabilities (DDD) shall continue without any changes.

13. **Q. Will the RMMIS have any impact on my contractual relationships with NJFC-participating managed care organizations?**

    A. No. The RMMIS will have no impact on the contractual relationship between a provider and a NJFC-participating Health Maintenance Organization (HMO).

14. **Q. Will the RMMIS provide the reason(s) for FFS claims being denied payment?**

    A. Yes. HIPAA-Accepted Error Codes indicating the outcome of the claim adjudication process will be posted to a provider's Remittance Advice and as part of 835 responses which will be accessible through a provider's secure web portal. Also, real-time responses received from the State's point-of-sale (POS) claims processing system will continue to provide pharmacies Error Code descriptions relevant to the adjudication of pharmacy claims.

15. **Q. Will my claims vendor be required to enter into a new Trading Partner Agreement (TPA) with the RMMIS?**

    A. Yes. Submitters will be required to complete a new TPA for the RMMIS. The TPA registration will be accessible through the RMMIS web portal. Providers will receive additional information regarding the approval process for submitting claims to the RMMIS.

16. **Q. Will my claims vendor be required to submit test transactions to continue their relationship with Molina Medicaid Solutions?**

A. Yes. A minimum of three (3) successful test files (100% passing) will be required for each X12 transaction in order to be approved to submit those transactions utilized in production.

17. **Q. Will providers be able to continue to submit paper claims and hard-copy adjustments?**

A. Yes. The new system will still be able to accept paper claims and hard-copy adjustments. However, providers are encouraged to submit HIPAA compliant electronic claims through the web portal in order to receive expedited FFS payments.

18. **Q. With the new RMMIS, will providers continue to be able to submit claims through Direct Data Entry (DDE)?**

A. Yes, this functionality will be available in the RMMIS.

19. **Q. Will the replacement MMIS have any impact on the processing of point-of-sale (POS) pharmacy claims?**

A. The replacement POS system shall continue to process pharmacy claims in a manner consistent with the current MMIS. The replacement POS system shall be fully compliant with all NCPDP D.0 standards.

20. **Q. Will the replacement POS system continue to support the processing of claims submitted on behalf of all State pharmacy benefit programs?**

A. Yes. Pharmacies shall continue submiting NJ FamilyCare, Pharmaceutical Assistance to the Aged and Disabled (PAAD), Senior Gold Prescription Discount Program (SG) and AIDS Drug Distribution Program (ADDP) pharmacy claims through the replacement POS system.