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| **Wipro Infocrossing Fiscal Agent Services and Medicaid Management Information System (MMIS) Operations** | |
| **Business as Usual** | **Business as Usual (BAU), Systems**  **BAU** develops, operates, and maintains the MMIS solutions for claims processing, pricing, payment, financial cycles, and federal financial reporting, State Medicaid agency program administration, and provider web portal for claims management and eligibility verification. The BAU staff implement enhancements to the MMIS under the direction of the State. |
| **Clinical Services** | **Clinical Services is comprised of three (3) distinct provider helpdesks: Pharmacy, Behavioral Health, and Exceptions.**  **Pharmacy** processes provider requests by telephone and fax for drug edit overrides, prior authorizations, and brand name reimbursements and educates providers on MHN program policies.  Professional level review of MHD specified drug requests are performed by registered nurses and pharmacists.  **Behavioral Health** processes provider telephone and fax precertification requests for initial behavioral health therapy services, prepares and refers written continued therapy requests for review by MHN psychologists and educates providers on MHN program policies.  **Exceptions** responds to provider inquiries on the status of exception reviews, emergency override requests for sole nutrition, and educates providers on the process for requesting emergency overrides or exception review. |
| **Data Entry Unit** | **Data Entry Unit**  Data entry operators key batched paper claims into the MMIS Exam Entry for processing. |
| **Enrollment Broker Contact Center, MAGI, MORx, and 1095-B** | **Contact Center for Managed Care Enrollees, Potential Enrollees, and FFS Participants**  **Enrollment Broker** provides education to the managed care population enrollees and potential enrollees related to the Managed Care program and procedures. This includes providing enrollees and potential enrollees with unbiased counseling on their health plan and primary care provider options. Customer Service Representatives (CSRs) complete health plan enrollments based on the participant's selections, plan transfers, dis-enrollments, and primary care provider look-up. Additional services include mailing, tracking, and processing of enrollment material and correspondence.  **MAGI** answers members questions related to family medical eligibility, policies, procedures, and processes calls related to case maintenance and/or changes in circumstances that can impact eligibility.  This includes adding or removing family members, updating income, updating member demographics (DOB, SSN, and gender), updating mailing and physical addresses, replacing lost member identification cards, submitting appeal requests, and processing annual recertification reviews.  **MORx** unit of the contact center assists members with questions related to the program, replacement ID card requests, and claim issues.  **1095-B Helpline** processes participants telephone or email requests for 1095-forms and respond to questions on past or current 1095-B forms received. |
| **Exceptions** | **Exceptions Reviews**  **Exceptions** registered nurses follow MHD policies, procedures, and use their nursing judgement to determine if a non-covered service/item is medically necessary or if a covered alternative is medically appropriate. The Exceptions staff are supervised by a State Nurse. |
| **Mailroom/Document Control** | **Mailroom / Document Control**  **Document Control** (mailroom) is the primary intake point for all paper claims, attachments, and correspondence. The staff is responsible for electronically imaging correspondence and paper claims, assigning an ICN and batching paper claims. All incoming and outgoing correspondence is tracked, stored, archived and/or shred according to MHD retention policies. |
| **Medical Policy** | **Medical Policy Unit**    **Medical Policy** is staffed by Registered nurses (RNs) who perform prepayment and post payment review of claims that suspend for medical review. Our RNs determine compliance with MHD policies and utilize their nursing judgment to make payment decisions for claims and PAs. |
| **Participant Services** | **Call Center for MHN Participants**  **Participant Services** responds to participant inquiries regarding eligibility, spenddown, covered services, and provides education on MHN program policies. |
| **Professional PAs** | **Professional PA**s  **Professional PA staff** electronically routes professional service requests to MHD consultants for a medical necessity determination. The PA specialist enters the consultant’s review determination into the MMIS and sends outcome notification to the requesting party. |
| **Project Management Office** | **Project Management Office (PMO)**.  **The PMO** creates and maintains a documented Project Management Methodology (PMM) describing all processes, policies, and procedures used in all projects. This methodology is designed to meet the needs of the various stakeholders, provide for the required oversight, and be consistent with the Project Management Institute’s (PMI) A Guide to Project Management Body of Knowledge (PMBOK). The PMM supports scalability to meet large and small project requirements. Our PMO is the keeper of documentation, guidance, and metrics for project execution, ensuring projects are completed on time and within budget. |
| **Provider Relations** | **Call Center for MHN Providers**  **Provider Relations** answers provider questions by telephone or email regarding program policies, assists with claim issues, provides education on claims processing steps, and trains providers on the use of the web portal. |
| **Resolutions Unit** | **Resolutions Unit**  **The resolutions** specialists review and resolve claim exceptions based on the text page instructions for the specific exception and on-line entry of the associated determination. The resolutions specialists also stage a suspended claims and attachments for consultant review when a medical determination is required. Claims received from MHD stage for special handling are entered into the MMIS along with associated attachments by resolutions staff and processed according to MHD staff instructions. |
| **Technical Help Desk** | **Technical Help Desk**  **MO HealthNet Technical Help Desk** works with providers, billers, clearinghouses, health plans, all internal Wipro local accounts and external MHD customers via the telephone, e-mails, and JIRA tickets. The help desk staff is primarily responsible for responding to customer requests related to electronic claim formats, file transmissions, X12 testing, Trading Partner agreement processing, first level PC and software application support, eMMIS and eMOMED user and application support and research. |