

The Medicaid Management Information System Snapshot

The Medicaid Management Information System (MMIS) is a mechanized claims processing and information-retrieval system that State Medicaid programs must have to be eligible for Federal funding.[1, 2] The system controls Medicaid business functions, such as:

- Administrative program and cost control;
- Beneficiary and provider inquiries and services;
- Operations of claims control and computer capabilities; and
- Management reporting for planning and control.[3]

Over the past 30 years, the Centers for Medicare & Medicaid Services (CMS) has improved and standardized MMIS data, system processes and architecture, and transaction specifications to improve program management and allow broader interoperability.[4]

Every State's MMIS includes automated claims processing and subsystems that support program integrity activities, such as provider screening, claims processing, and utilization reviews.[5] Such systems may include Decision Support Systems (DSSs), Third-Party Recovery (TPR), and other applications.[6] State Medicaid agencies (SMAs) and the Federal government also use MMIS for program audits.[7] A fiscal agent may operate a State's MMIS.[8]

CMS validates and certifies State MMIS systems to ensure they support efficient and effective management of the program and satisfy regulatory requirements and CMS directives. Without certification, Medicaid systems cannot receive enhanced Federal matching funds.[9]

CMS conducts oversight of the States' MMIS systems to make sure they follow regulations after the systems are in place.[10] The State Medicaid agency (SMA) is required to provide State and Federal representatives full access to the system, including on-site inspection. CMS will terminate Federal Financial Participation (FFP) in the State's program if the SMA fails to provide full access to the system.[11] CMS may request such access at any time.

CMS supports States' efforts to operate the MMIS by providing access to various sources of data that CMS uses in administering the Medicare and Medicaid programs. CMS also provides technical guidance and training through the Medicaid Integrity Institute and other agency components.[12] SMA personnel involved in administration, responding to beneficiary and provider inquiries, claims control, computerized systems, and management planning should become familiar with the MMIS.



For More Information

To see the electronic version of this and other E-Bulletins and for more information on other program integrity topics posted to the Medicaid Program Integrity Education page, visit <https://www.cms.gov/Medicare-MedCoordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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References

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- 4 Centers for Medicare & Medicaid Services. Medicaid Enterprise Certification Toolkit. Retrieved June 20, 2016, from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/downloads/mectchapter1.pdf>
- 5 United States Government Accountability Office. Medicaid Information Technology. CMS Supports Use of Program Integrity Systems but Should Require States to Determine Effectiveness (p. 7) (January, 2015). Retrieved June 20, 2016, from <http://www.gao.gov/assets/670/668233.pdf>
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