Louisiana's MITA 2.0 As Is Provider Process

- The **Determine Provider Eligibility** business process was Non-Existent in MITA 2.0
- **Enroll Provider**, As-Is, MITA 2.0

Item	Details
Description	The **Enroll Provider** business process is responsible for the enrollment of approximately 85 provider types into the Medicaid program. The enrollment of providers is contracted out to the State's Fiscal Intermediary. The contractor is required to process applications within 15 working days of receipt. Applications are reviewed for all applicable requirements of enrollment, which may vary from program to program. Applications are either enrolled as a Medicaid provider or returned for additional information. Several different business areas have specialized processes in the validation of data steps, but are similar enough to be regarded as one process.
Trigger Event	1. Receipt of a Medicaid Provider Enrollment Application 2. Notification of provider/ownership or partnership changes of the practice
Result	1. Provider is enrolled 2. Provider is re-enrolled 3. Provider is denied enrollment 4. Provider MMIS is updated 5. Provider is notified

Business Process Steps	1. Receive enrollment / reenrollment application 2. Scan application into Provider Enrollment Tracking System (PETS) 3. Conduct staff review for completeness, accuracy and to ensure that all standards of participation have been met, required documentation and verifications are included. 4. Determine completeness of application: a. If complete, proceed to Step 5 b. If application is incomplete, proceed to Step 9 5. Process application for State approval 6. Assign 7 digit ID number 7. Codes/ID Info added to PETS load sheets 8. Return application and request corrections or additional information 9. Submits application and attachments for State approval via the approval queue in PETS a. If Yes, proceed to Step 14 b. If No, go to Step 11 return to PE staff for correction or additional information and/or denial notification is sent 10. Determine need for additional information a. If Yes, go to Step 11 b. If No, go to Step 12 11. Return to PE staff for more information or correction 12. Send denial notification 13. Determine application path - provider types and specialty, and/or programs, are identified which determine the exact path of each application 14. Data entry into LMMIS - approved applications and load sheets are forwarded to Files Maintenance for data entry into the mainframe (LMMIS) 15. Provider number sent - once loaded onto mainframe (LMMIS), the provider is notified of the Provider number by computer generated letter
Shared Data	1. Provider Sanction data from OIG/EPLS 2. NPI system
	3. Licensing boards (in and out-of-state) 4. Multiple office locations, pay-to addresses, business associates and key contract personnel
Predecessor	Provider decides to enroll or has change of ownership.
Successor	1. Added to various provider listings 2. EDI certified
Constraints	State and federal rules and regulations
Failures	None
Performance Measures	Percentage of Returned mail

- **Disenroll Provider**, As-Is, MITA 2.0

Item	Details
Description	The **Disenroll Provider** business process is responsible for managing providers' disenrollment from all the different programs, including: 1. Processing of disenrollment 2. Provider request to close case. 3. Provider becomes ineligible (i.e., license suspension, revocation or disciplinary action taken by Medical licensing boards or Medicare/Medicaid 4. Auto-closure (providers who have had no activity for 18 months or more). 5. Receipt of information regarding provider's death

Trigger Event	Disenrollment is triggered by receipt of: 1. Provider request. 2. Notice that provider is no longer eligible 3. Notice that provider has been sanctioned 4. Provider has had no activity on his file in the prior 18 months and is being closed automatically 5. State intent to terminate specific program
Result	1. Provider is disenrolled 2. Provider MMIS is updated 3. Affected parties are notified of the disenrollment 4. Provider contract is terminated and closed out 5. Provider is no longer able to bill for specific types of services 6. Certain categories of clients may not be linked to the Provider 7. Provider name removed from database and Provider Choice list
Business Process Steps	1. Receive disenrollment request or relevant information 2. Generate termination letter to provider 3. Scan disenrollment request or relevant information into Provider Enrollment Tracking System (PETS) 4. Validate accuracy of request/document via mail, phone, email, or even site visit a. If Yes, proceed to Step 7 b. If No, go to Step 5 5. Determine need for additional information a. If Yes, proceed to Step 6 b. If No, end process 6. Request additional information 7. Complete load sheet, which includes cancel codes and end date 8. Submit to state staff via PETS for approval. a. If Yes, proceed to Step 9 b. If No, go to Step 5 9. Submit to files maintenance for data entry to the mainframe (LMMIS)
Shared Data	1. Provider sanctions data. 2. Licensing Boards (in and out-of state)
Predecessor	1. Provider lost eligibility requirement 2. Provider no longer wants to participate 3. No bill submitted for 18 months
Successor	1. Removed from all provider lists 2. Notify external sources
Constraints	State and Federal Rules and Regulations
Failures	None
Performance Measures	Percentage of Returned Mail

- **Inquire Provider Information,** As-Is, MITA 2.0

Item	Details
Description	The **Inquire Provider Information** business process receives requests for provider enrollment verification from authorized providers, programs, or business associates; performs the inquiry; and prepares the response.
Trigger Event	Receipt of provider enrollment verification request.

Result	1. Provider enrollment verification response routed to requester 2. Tracking information regarding the interchange as needed for the Inquire **Provider Information** process for measuring performance and business activity monitoring
Business Process Steps	1. Receipt of provider verification information data set 2. Scan request into PETS 3. Determine Request status as initial or duplicate. a. If initial, proceed to Step 4 b. If duplicate, process ends (no action taken) 4. Query Provider files (LMMIS) for requested information. a. If Yes passed, proceed to Step 5 b. If No, proceed to Step 5 5. Return request to Provider 6. Verify authorization of the requestor to receive requested information. a. If Yes, proceed to Step 7 b. If No, process ends (becomes an incomplete file) 7. Process Response. 8. Log Response in Data Request Log. 9. Verify receipt of payment, if payment required for data requested 10. Submit response to requester
Shared Data	None
Predecessor	Need for information
Successor	None
Constraints	State and federal rules and regulations
Failures	None
Performance Measures	None

- **Manage Provider Communication**, As-Is, MITA 2.0

Item	Description
Description	The **Manage Provider Communication** business process is responsible for written or verbal provider specific requests for information regarding Medicaid program rules, regulations, and activities.
Trigger Event	Request for information
Result	Information
Business Process Steps	1. Receive request 2. Determine type of request – log, track and conduct review to determine type of request: a. If Yes, Proceed to Step 4 b. If No, proceed to Step 3 3. Send request for additional information or end process 4. Direct to proper program area 5. Research request 6. Write response (at 4th grade level) 7. Send for approval/denial: a. If Yes, proceed to Step 8 b. If No, proceed to Step 3 8. Send for signatures 9. Send to requester
Shared Data	1. Witness

	2. Evidence
Predecessor	Adverse Action by State
Successor	Appropriate DHH business area informed of request and information provided
Constraints	State and Federal rules and regulations
Failures	None
Performance Measures	1. Check time length of appeals process 2. Percentage of Returned mail

- **Manage Provider Grievance and Appeal**, As-Is, MITA 2.0

Item	Description
Description	The **Manage Provider Grievance and Appeal** business process is responsible for the result of an adverse action taken against a provider - said provider may appeal the action.
Trigger Event	An Informal Hearing is scheduled subsequent to: • Official notice from the OIG that an excluded provider has been reinstated for participation in Medicaid • Notice from PE that a previously sanctioned individual has reapplied for enrollment • Notice from PE that an individual or entity has a criminal conviction indicated on their application • Notice from the Program Section Chief that an enrolled provider with a pending termination or exclusion from Medicaid participation has requested an Informal Hearing. • Sending appeal
Result	1. Appellant upheld 2. Defendant upheld 3. Compromised
Business Process Steps	1. Log appeal 2. Evaluate for compliance - to see if appeal meets DHH appeal process rules and regulations a. If Yes, appeal complies, proceed to Step 4 b. If No, proceed to Step 3 3. Deny appeal - appeal does not comply and appeal is denied 4. Notify appropriate business area receives notice 5. Prepare for appeal 6. Send notice of hearing (date, time, location…) 7. Determine if pre-trial conference is needed. a. If Yes, hearing is approved, proceed to Step 9 b. If No, proceed to Step 8 8. Hearing is dismissed and/or a settlement agreement is made 9. Hearing is held 10. Hearing decision is made and notice issued 11. Issue Appeal decision to appropriate parties by mail 12. Store and archive Hearing materials per policy
Shared Data	None
Predecessor	1. Problem 2. Change Policy 3. Improvement

Successor	1. Evaluation of outreach 2. Improvement in health care for LA 3. Increase provider enrollment
Constraints	State and federal rules and regulations
Failures	1. Funding 2. Lack of executive support
Performance Measures	1. Intended result from the outreach is achieved 2. Percentage of Returned mail

- The **Terminate Provider** business process was Non-Existent in MITA 2.0

- **Manage Provider Information**, As-Is, MITA 2.0

Item	Description
Description	The **Manage Provider Information** business process is responsible for all changes to enrolled provider information.
Trigger Event	Notification of provider change.
Result	Current information.
Business Process Steps	1. Receives request from provider or state agency staff 2. Scan documents into PETS 3. Review request to ensure appropriate documentation is included 4. Conduct Staff review: a. If Yes, documentation is complete. Proceed to Step 6 b. If No, proceed to Step 5 5. Return request to Provider for additional information/documentation (documentation is incomplete) 6. Submit to state staff for approval via PETS 7. Determine Provider type 8. Perform data entry – State staff approves load sheet and submits to Files Maintenance for data entry into mainframe (LMMIS)
Shared Data	1. Licensing board 2. Sections boards
Predecessor	Provider change
Successor	1. Added to various provider listings 2. EDI certified 3. CommunityCARE/KIDMED
Constraints	State and Federal rules and regulations.
Failures	None
Performance Measures	1. Annual monitoring 2. Percentage of Returned mail 3. Site visit 4. Provider monitoring