

Louisiana's MITA 2.0 To Be Provider Process

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

Item	Details
Description	<p>The Enroll Provider business process is responsible for the enrollment and re-enrollment of providers into the Medicaid program. Although both enrollment and re-enrollment would be supported by this process, for the sake of clarity, only enrollment is discussed in this document, but re-enrollment is included by this reference. Providers are identified by their National Provider Identifier (NPI) and taxonomies. Applications could be accepted via a secure web portal in addition to the current methods. The web application would have real time edits to prevent incomplete data. Missing information would be identified, triggering the generation of a 'to be provided' list for the applicant. Real time interfaces with certification/licensing boards would occur. Requests for a determination on an enrollment would be produced via an automated workflow with alerts. Once a determination is made and entered, the appropriate notices would be generated, and if approved, all applicable provider records in MMIS would be updated. The provider would become active with the approved effective date. Multiple taxonomies would be supported. Provider networks such as the Louisiana Coordinated Care Network and managed care arrangements would also be supported.</p>
Trigger Event	<ul style="list-style-type: none"> • Receipt of a Medicaid Provider Enrollment Application or alert that a web application has been completed.
Result	<ol style="list-style-type: none"> 1. Provider is enrolled 2. Provider is re-enrolled 3. Provider is denied enrollment 4. MMIS is updated 5. Provider is notified
Business Process Steps	<ol style="list-style-type: none"> 1. Receive enrollment/re-enrollment application via web portal, go to step 3 OR 1. Receive enrollment / re-enrollment application via phone, fax, email, or mail 2. Enter application data in MMIS 3. Alert is generated to worker. 4. System determines the completeness and accuracy <ol style="list-style-type: none"> a. If complete, proceed to Step 6 b. If application is incomplete, proceed to Step 5 5. Generate request for additional information 6. Alert generated for decision on application 7. Determination entered <ol style="list-style-type: none"> a. If approved, go to Step 8 b. If not approved, go to Step 5 8. MMIS updated and notices generated to applicant 9. Alerts generated to appropriate staff that a new provider has been added to MMIS listing taxonomies with effective dates.
Shared Data	<ol style="list-style-type: none"> 1. Provider Sanction data from OIG/EPLS.

Item	Details
	2. NPI system. 3. Licensing boards (in and out-of-state).
Predecessor	Provider decides to enroll or has change of ownership.
Successor	None
Constraints	State and federal rules and regulations
Failures	None
Performance Measures	None

- Disenroll Provider, To-Be, MITA 2.0

Item	Details
Description	The Disenroll Provider business process is responsible for managing providers' disenrollment from all the different programs, including: <ul style="list-style-type: none"> • Processing of disenrollment. • Provider request to close case. • Provider becomes ineligible (i.e., license suspension, revocation or disciplinary action taken by Medical licensing boards or Medicare/Medicaid). • Auto-closure (providers who have had no activity for 18 months or more). • Receipt of information regarding provider's death or declining/failing health
Trigger Event	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's intent to terminate a specific program
Result	1. Provider is disenrolled and all appropriate relationships would be ended 2. All or some of the provider's taxonomies are closed with an end date and reason 3. Notices are generated to the appropriate staff. 4. Provider contract is terminated and closed out 5. Provider would no longer be able to bill for services under the taxonomies that were closed for specific types of services 6. Clients may not be linked to the Provider and currently linked members would be unlinked or closed
Business Process Steps	1. Receive disenrollment request OR 1. Alert or auto-disenrollment process 2. Enter request into MMIS 3. Alert generated to worker 4. Validate accuracy and completeness of request/document via mail, phone, email, web portal, or even site visit. <ul style="list-style-type: none"> a. If Yes, additional information is needed, proceed to Step 5 b. If No, additional information is not needed, go to Step 6 5. Request additional information 6. Generate alert for approval. 7. Approval/disapproval entered <ul style="list-style-type: none"> a. If Yes, proceed to Step 8 b. If No, end process 8. Determine if Provider is in Community Care

Item	Details
	<ul style="list-style-type: none"> a. If Yes, go to Step 9 b. If No, go to Step 11 9. Generate list of members linked to this provider 10. Generate notice and send with list of linked members/enrollees to appropriate DHH staff or designee 11. Disenrollment letter generated to provider and others 12. Alerts generated
Shared Data	<ul style="list-style-type: none"> 1. Provider sanctions data. 2. Licensing Boards (in and out-of state).
Predecessor	<ul style="list-style-type: none"> 1. Provider lost eligibility requirement 2. Provider no longer wants to participate 3. No bill submitted for 18 months
Successor	None
Constraints	State and federal rules and regulations
Failures	None
Performance Measures	None

- Inquire Provider Information, To-Be, MITA 2.0

Item	Details
Description	The <i>Inquire Provider Information</i> business process receives requests for information regarding a specific provider, performs the inquiry, prepares the response, and distributes it.
Trigger Event	Need for information.
Result	Response distributed to requester.
Business Process Steps	<ul style="list-style-type: none"> 1. Receive request via web portal OR 1. Receive request via phone, fax, email, or mail 2. Enter request into MMIS 3. System produces responses with appropriate pre-defined data and logged 4. Response is distributed
Shared Data	None
Predecessor	None
Successor	None
Constraints	State and federal rules and regulations
Failures	None
Performance Measures	None

- Manage Provider Communication, To-Be, MITA 2.0

Item	Details
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 of information
Result	Provider receives appropriate assistance, communications and/or information packages
Business Process Steps	<ol style="list-style-type: none"> 1. Receive alert, go to step 3 OR 1. Receive request for information 2. Enter into Document Management System 3. Generate alert to appropriate staff member 4. Research/develop and draft communication 5. Circulate for Comments <ul style="list-style-type: none"> If finalized, go to step 6 <ul style="list-style-type: none"> a. If not final, go to step 4 6. Submit for Approval <ul style="list-style-type: none"> a. If Yes, go to Step 9 b. If No, go to step 7 7. Determine if additional information is required for approval <ul style="list-style-type: none"> a. If Yes additional information required, go to Step 8 b. If No, additional information is not required, End Process 8. Request additional information from contractor, go to Step 4 9. Response signed 10. Response is distributed
Shared Data	None
Predecessor	None
Successor	None
Constraints	State and federal rules and regulations
Failures	None
Performance Measures	None

- Manage Provider Grievance and Appeal, To-Be, MITA 2.0

Item	Details
Description	The Manage Provider Grievance and Appeal business process is responsible for the result of an adverse action taken against a provider, by which the said provider may appeal the action.
Trigger Event	<p>An Informal Hearing is scheduled subsequent to:</p> <ul style="list-style-type: none"> • 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

Item	Details
Result	Appropriate action taken based on disposition
Business Process Steps	<ol style="list-style-type: none"> 1. Receive alert, go to step 3 OR 1. Receive grievance or appeal 2. Enter into Document Management System (DMS) 3. Determine if complete <ol style="list-style-type: none"> a. If Yes, documentation is complete, go to Step 5 b. If No, documentation is incomplete, go to step 4 4. Generate request for additional information 5. Generate alert to appropriate personnel for review 6. Perform research, analysis, and draft response 7. Schedule hearing within required time 8. Conduct hearing within required time 9. Determine disposition 10. Enter hearing results 11. Notifications sent to designated individuals
Shared Data	Information from appellant and/or Witnesses
Predecessor	Action or inaction by the Medicaid agency
Successor	Store documentation, timeline, actions, decisions and correspondence in the DMS
Constraints	State and Federal Rules and Regulations
Failures	Timeframes not met
Performance Measures	NONE

- The **Terminate Provider** business process was Non-Existent in MITA 2.0
- Manage Provider Information, To-Be, MITA 2.0

Item	Details
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	<ol style="list-style-type: none"> 1. Receives alert OR 1. Receives request from provider or state agency staff. 2. Enter request into system, if received via email, fax, mail, telephone 3. System verifies that change requested is supported by documentation <ol style="list-style-type: none"> a. If yes, approved, go to Step 7 b. If no, not approved, go to Step 4 4. Generate alert to appropriate staff for review of change request 5. Conduct staff review: <ol style="list-style-type: none"> a. If Yes, approved, go to Step 7 b. If No, disapproved, proceed to Step 6 6. Generate request to Provider for additional information/documentation (documentation is incomplete) 7. MMIS updated 8. System generates appropriate notices and letters based on changed data.
Shared Data	None
Predecessor	None

Item	Details
Successor	None
Constraints	State and federal rules and regulations
Failures	None
Performance Measures	None