

Identify Utilization Anomalies

PE Compliance Management	
Identify Utilization Anomalies	
Item	Details
Description	<p>The Identify Utilization Anomalies business process uses criteria and rules to identify target groups (e.g., providers, contractors, trading partners or members) and establishes patterns or parameters of acceptable and unacceptable behavior, tests individuals against these models, or looks for new and unusual patterns, in order to identify outliers that demonstrate suspicious utilization of program benefits.</p> <p>Internal and external referrals, business intelligence analysis (i.e., historical, current, and predictive views of business operations), and scheduled or on-demand reporting may identify a compliance incident. Identification of utilization anomalies include evaluation of:</p> <ul style="list-style-type: none"> • Provider utilization review • Provider compliance review • Contractor utilization review (includes managed care organizations) • Contractor compliance review • Member utilization review • Investigation of potential fraud or abuse review • Drug utilization review • Quality review (e.g., Consumer Assessment of Healthcare Providers and Systems (CAPHS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures) • Performance review (e.g., Key Performance Indicator (KPI)) • Erroneous payment • Contract review • Audit Review • Other evaluation of information <p>Different criteria and rules, relationships, and information define each type of compliance incident and require different types of external investigation.</p>
Trigger Event	<p>Interaction-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Receive alert sent from business process that has outliers from established benchmarks. <p>Environment-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Periodic timetable is due to scan for compliance incidents. • Request to examine a specific group, individual, or other entity.
Result	<ul style="list-style-type: none"> • Identification of utilization anomalies. • If applicable, alert sent to notify member via Manage Applicant and Member

PE Compliance Management	
Identify Utilization Anomalies	
Item	Details
	<p>Communication business process with anomaly information.</p> <ul style="list-style-type: none"> • If applicable, alert sent to notify provider via Manage Provider Communication business process with anomaly information. • If applicable, alert sent to notify contractor via Manage Contractor Communication business process with anomaly information. • If applicable, alert sent to Establish Compliance Incident business process for further investigation and monitoring. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> 1. START: Receive request or reach scheduled timetable review. 2. Review performance measures and benchmark targets. 3. Define characteristics of the target group in which the analysis will focus: types of provider, location, types of services, member characteristics, medical conditions. 4. Identify information requirements, both selection parameters and reporting parameters to include items such as time period(s), data elements, data relationships. 5. Identify rules to apply to the information — Select or create rules including specified norms, statistical deviations, types of patterns, Boolean logic, ratios, percentages. 6. Apply rules to targeted group information. 7. Record the results. 8. If applicable, send alert to notify member via Manage Applicant and Member Communication business process with anomaly information. 9. If applicable, send alert to notify provider via Manage Provider Communication business process with anomaly information. 10. If applicable, send alert to notify contractor via Manage Contractor Communication business process with anomaly information. 11. END: If applicable, send alert to the Establish Compliance Incident business process for further investigation and monitoring.
Shared Data	<p>Member data store including demographics, eligibility, enrollment, and grievance information</p> <p>Provider data store including provider network, contract, and grievance information</p> <p>Contractor data store including provider network, and contract information</p> <p>Care Management data store including member health status, clinical data, and treatment outcome information</p> <p>Claims data store including payment information</p> <p>Financial data store including accounts receivable and accounts payable information</p>

PE Compliance Management	
Identify Utilization Anomalies	
Item	Details
	Business Activity data store including performance information Compliance Management data store including compliance incident information
Predecessor	Manage Performance Measures
Successor	Establish Compliance Incident Manage Business Relationship Communication Manage Applicant and Member Communication Manage Provider Communication Manage Contractor Communication
Constraints	States and programs within States establish different criteria for their investigations. Rules change along with the experience of the state, health care industry best practices, modifications in benefits, or with the addition of new provider types.
Failures	<ul style="list-style-type: none"> Staff is unable to identify target population because of insufficient information.
Performance Measures	<ul style="list-style-type: none"> Time to complete the process = within ___ hours, ___ minutes Compliance Incident resulting in corrective action, settlement, or collection = ___%

Establish Compliance Incident

PE Compliance Management	
Establish Compliance Incident	
Item	Details
Description	The Establish Compliance Incident business process is responsible registration of a case for incident tracking of utilization anomalies. It establishes an incident file, generates incident identification, assigns an incident manager, links to related cases, and collects related documentation.
Trigger Event	<p>Incident-based Trigger Events:</p> <ul style="list-style-type: none"> Receive alert to establish incident tracking from Identify Utilization Anomalies business process. Receive alert to establish incident tracking from Manage Member Grievance and Appeal business process. Receive alert to establish incident tracking from Manage Provider Grievance and Appeal business process. Receive alert to establish incident tracking from Manage Contractor Grievance and Appeal business process. <p>Environment-based Trigger Events to include but not limited to:</p>

<i>PE Compliance Management</i>	
Establish Compliance Incident	
Item	Details
	<ul style="list-style-type: none"> Request to initiate incident tracking for business partner, member, provider, contractor or other entity. Request to initiate incident from communication (e.g., mail, telephone, facsimile or web). Receive requests for suppression of information or corrective action from federal and state law enforcement. Receive compliance investigation information from Centers for Medicare & Medicaid Services (CMS). Receive compliance investigation information from Medicaid Fraud Control Unit (MFCU). Receive compliance investigation information from Office of Inspector General (OIG). Receive self-disclosure of actual or potential violations from provider.
Result	<ul style="list-style-type: none"> Initiation of a compliance incident. Alert sent to <i>Manage Compliance Incident Information</i> business process for incident monitoring. If applicable, notification sent to state or federal law enforcement agencies of possible criminal investigation. If applicable, notification sent to CMS of compliance investigation. If applicable, notification sent to MFCU of compliance investigation. If applicable, notification sent to OIG of compliance investigation. Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> START: Request to establish incident tracking. Establish incident case with required information. Generate incident identification. Assign and authorize an incident manager to manage an incident and request additional information. Identify and link related incidents to this one. Collect relevant documentation. If applicable, send notification to state or federal law enforcement agencies of possible criminal investigation. If applicable, send notification to CMS of compliance investigation. If applicable, send notification to MFCU of compliance investigation. If applicable, send notification to OIG of compliance investigation.

PE Compliance Management	
Establish Compliance Incident	
Item	Details
	<p>11. END: Send alert to Manage Compliance Incident Information business process for incident monitoring.</p>
Shared Data	<p>Member data store including demographics, eligibility, enrollment, and grievance information</p> <p>Provider data store including provider network, contract, and grievance information</p> <p>Contractor data store including provider network, and contract grievance information</p> <p>Claims data store including payment information</p> <p>Financial data store including accounts receivable and accounts payable information</p> <p>Business Activity data store including performance information</p> <p>Compliance Management data store including compliance incident information</p>
Predecessor	<p>Identify Utilization Anomalies</p> <p>Manage Member Information</p> <p>Manage Provider Information</p> <p>Manage Contractor Information</p>
Successor	Manage Compliance Incident Information
Constraints	States and programs within States establish different criteria for their investigations. Rules change along with the experience of the state, health care best practices, modifications in benefits, and with the addition of new provider and member types.
Failures	<ul style="list-style-type: none"> No incident tracking requests made. Lack of required information to establish an incident.
Performance Measures	<ul style="list-style-type: none"> Time to complete the process = e.g., ___ days, ___ hours or ___ minutes Accuracy with which rules are applied = ___% Consistency with which rules are applied = ___% Error rate = ___% or less

Manage Compliance Incident Information

PE Compliance Management	
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Description	The Manage Compliance Incident Information business process is responsible for the monitoring of incidents of utilization anomalies. Activities include referring (e.g., escalation) incident to another incident manager or agency, modifications to

PE Compliance Management	
Manage Compliance Incident Information	
Item	Details
	incident information, journaling activities, and disposition of incident.
Trigger Event	<p>Interaction-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Receive alert from Establish Compliance Incident business process of new incident. <p>Environment-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Staff periodically reviews incident. • Staff modifies incident information due to follow-up activities. • Receive requests for suppression of information or corrective action from federal and state law enforcement. • Receive compliance investigation information from Centers for Medicare & Medicaid Services (CMS). • Receive compliance investigation information from Medicaid Fraud Control Unit (MFCU). • Receive compliance investigation information from Office of Inspector General (OIG). • Receive self-disclosure of actual or potential violations from provider.
Result	<ul style="list-style-type: none"> • Monitored incident and tracked. • Determination of disposition and closure of incident. • If applicable, alert sent to notify member via Manage Applicant and Member Communication business process of incident tracking information. • If applicable, alert sent to notify provider via Manage Provider Communication business process of incident tracking information. • If applicable, alert sent to notify contractor via Manage Contractor Communication business process of incident tracking information. • If applicable, alert sent to Determine Adverse Action Incident business process for further investigation. • If applicable, notification sent to state or federal law enforcement agencies of possible criminal investigation. • If applicable, notification sent to CMS for compliance investigation. • If applicable, notification sent to MFCU of compliance investigation. • If applicable, notification sent to OIG of compliance investigation. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> 1. START: Receive established incident. 2. Review incident information for determination of action.

PE Compliance Management	
Manage Compliance Incident Information	
Item	Details
	<p>3. Review allegations.</p> <p>4. If applicable, refer or escalate incident to responsible individual, department or state or federal agency.</p> <p>5. Determine action to take (e.g., journal entry, appointment scheduling, research, communication).</p> <p>6. Perform appropriate action.</p> <p>7. If applicable, send alert to notify member via Manage Applicant and Member Communication business process of incident tracking information.</p> <p>8. If applicable, send alert to notify provider via Manage Provider Communication business process of incident tracking information.</p> <p>9. If applicable, send alert to notify contractor via Manage Contractor Communication business process of incident tracking information.</p> <p>10. Determine disposition of incident.</p> <p>11. If applicable, send notification to state or federal law enforcement agencies of possible criminal investigation.</p> <p>12. If applicable, send notification to CMS for compliance investigation.</p> <p>13. If applicable, send notification to MFCU of compliance investigation.</p> <p>14. If applicable, send notification to OIG of compliance investigation.</p> <p>15. If applicable, send alert to Determine Adverse Action Incident business process for further investigation.</p> <p>16. END: Close incident.</p>
Shared Data	Member data store including demographics, eligibility, enrollment, and grievance information Provider data store including provider network, contract, and grievance information Contractor data store including provider network, and contract information Claims data store including payment information Financial data store including accounts receivable and accounts payable information Business Activity data store including performance information Compliance Management data store including compliance incident information
Predecessor	Establish Compliance Incident Maintain State Plan
Successor	Manage Applicant and Member Communication Manage Provider Communication Manage Contractor Communication

PE Compliance Management	
Manage Compliance Incident Information	
Item	Details
	<p>Determine Adverse Action Incident</p> <p>Manage Data</p>
Constraints	States and programs within States establish different criteria for their investigations. Rules change along with the experience of the state, health care best practices, modifications in benefits, and with the addition of new provider and member types.
Failures	<ul style="list-style-type: none"> This business process has no failure modes that prevent the process from completion.
Performance Measures	<ul style="list-style-type: none"> Time to complete the process = e.g., ___ days, ___ hours or ___ minutes Accuracy with which rules are applied = ___% Consistency with which rules are applied = ___% Error rate = ___% or less

Determine Adverse Action Incident

PE Compliance Management	
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Description	<p>The Determine Adverse Action Incident business process receives an incident from an investigative unit with the direction to pursue the case to closure. The case may result in civil or criminal charges, corrective action, removal of a provider, contractor, trading partner or member from the Medicaid Program, or the State Medicaid Agency (SMA) may terminate or suspend the case.</p> <p>Individual state policy determines what evidence is necessary to support different types of cases:</p> <ul style="list-style-type: none"> Provider utilization review Provider compliance review Contractor utilization review (includes managed care organizations) Contractor compliance review Member utilization review Investigation of potential fraud or abuse review Drug utilization review Quality review (e.g., Consumer Assessment of Healthcare Providers and Systems (CAPHS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures) Performance review (e.g., Key Performance Indicator (KPI))

PE Compliance Management	
Determine Adverse Action Incident	
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	<ul style="list-style-type: none"> • Contract review • Erroneous payment review • Audit Review • Other evaluation of information <p>Different criteria and rules, relationships, and information define each type of adverse action incident and require different types of external investigation.</p>
Trigger Event	<p>Interaction-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Receive alert from Manage Compliance Incident Information business process for further investigation. <p>Environment-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Request to investigate adverse action incident. • Receive requests for suppression of information or corrective action from federal and state law enforcement. • Receive compliance investigation information from Centers for Medicare & Medicaid Services (CMS). • Receive compliance investigation information from Medicaid Fraud Control Unit (MFCU). • Receive compliance investigation information from Office of Inspector General (OIG). • Receive self-disclosure of actual or potential violations from provider.
Result	<ul style="list-style-type: none"> • Monitored adverse action incident and tracked activities. • Determination of disposition and closure of incident. • If applicable, alert sent to notify member via Manage Applicant and Member Communication business process of incident tracking information. • If applicable, alert sent to notify provider via Manage Provider Communication business process of incident tracking information. • If applicable, alert sent to notify contractor via Manage Contractor Communication business process of incident tracking information. • If applicable, alert sent to Disenroll Member business process to remove member from services. • If applicable, alert sent to Disenroll Provider business process to remove provider from services. • If applicable, alert sent to Terminate Provider business process to cease activities with provider. • If applicable, alert sent to Close Out Contract business process to cease activities with contractor.

PE Compliance Management	
Determine Adverse Action Incident	
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	<ul style="list-style-type: none"> • If applicable, notification sent to state or federal law enforcement agencies of possible criminal investigation. • If applicable, notification sent to CMS for compliance investigation. • If applicable, notification sent to MFCU of compliance investigation. • If applicable, notification sent to OIG of compliance investigation. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> 1. START: Receive request to investigate adverse action incident. 2. Assign and authorize an adverse action incident manager to manage an incident and request additional information. 3. Establish adverse action incident case with required information. 4. Examine information associated with the case, and request more historical information as needed. 5. Determine action to take (e.g., journal entry, appointment scheduling, research, communication). 6. Perform appropriate action. 7. Correspond with providers, members, agents, guardians, attorneys, and others to notify them regarding the investigation, their rights, and the right of the SMA to request documentation. 8. If applicable, send alert to notify member via Manage Applicant and Member Communication business process of incident tracking information. 9. If applicable, send alert to notify provider via Manage Provider Communication business process of incident tracking information. 10. If applicable, send alert to notify contractor via Manage Contractor Communication business process of incident tracking information. 11. Conduct inquiries and investigations. Depending on the type of case, the SMA may need to conduct different external inquiries (e.g., view medical records, interview members, validate credentials). 12. Document evidence as required. 13. When research and analysis are complete, report the case disposition (e.g., cancel incident, claim damages, identify corrective action, suspend or terminate participation in Medicaid Program). 14. If applicable, send alert to Disenroll Member business process to remove member from services. 15. If applicable, send alert to Disenroll Provider business process to remove provider from services. 16. If applicable, send alert to Terminate Provider business process to cease activities with provider.

PE Compliance Management	
Determine Adverse Action Incident	
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	<p>17. If applicable, send alert to Close Out Contract business process to cease activities with contractor.</p> <p>18. If applicable, send notification to state or federal law enforcement agencies of possible criminal investigation.</p> <p>19. If applicable, send notification to CMS for compliance investigation.</p> <p>20. If applicable, send notification to MFCU of compliance investigation.</p> <p>21. If applicable, send notification to OIG of compliance investigation.</p> <p>22. END: Close adverse action incident.</p>
Shared Data	Member data store including demographics, eligibility, enrollment, and grievance information Provider data store including provider network, contract, and grievance information Contractor data store including provider network, and contract information Claims data store including payment information Financial data store including accounts receivable and accounts payable information Business Activity data store including performance information Compliance Management data store including compliance incident information
Predecessor	Establish Compliance Incident
Successor	Manage Applicant and Member Communication Manage Provider Communication Manage Contractor Communication Disenroll Member Disenroll Provider Terminate Provider Close Out Contract
Constraints	States and programs within States establish different criteria for their investigations. Rules change along with the experience of the state, health care best practices, modifications in benefits, and with the addition of new provider and member types.
Failures	<ul style="list-style-type: none"> No request to investigate adverse action incident received. Ceased incident without reaching disposition.
Performance Measures	<ul style="list-style-type: none"> Time lag between request for documents and receipt = __ Days, __ Hours Time to bring a case to closure = __ Months, __ Weeks Number of cases that the agency is able to close within designated time period = __

PE Compliance Management	
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	<ul style="list-style-type: none"> Percent cases closed without grievance or appeal = ____%

Prepare REOMB

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Description	<p>The Prepare REOMB business process is responsible for the creation of Recipient Explanation of Medicaid Benefits (REOMB) for detecting payment problems. The State Medicaid Agency (SMA) sends the REOMB to randomly selected members of Medicaid services. It gives information on the Medicaid services paid on behalf of the member. The communication includes the provider's name, the date(s) of services, and the payment amount(s). Instructions on the communication tell the member what to do if the provider did not actually perform any of the listed services billed directly to him/her by the provider.</p> <p>NOTE: This business process does not include the handling of returned information.</p>
Trigger Event	<p>Environment-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> Periodic timetable is due for generation of the REOMB sample information.
Result	<ul style="list-style-type: none"> Member receives REOMB. Alert sent with REOMB notification to member via Manage Applicant and Member Communication business process with REOMB information. Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> START: Timetable for scheduled REOMB generation. Identify member selection using random sampling methodology. Review sample selection information. Prepare REOMB for each select member. END: Send alert to member via Manage Applicant and Member Communication business process with REOMB information.
Shared Data	<p>Member data store including demographics information</p> <p>Claims data store including payment information</p>
Predecessor	None
Successor	Manage Applicant and Member Communication
Constraints	The policies and business rules for preparing the REOMB sample information differ by state. The SMA will provide the REOMB or letters to the members within 45 days of payment of claims.

PE Compliance Management	
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Failures	<ul style="list-style-type: none">• This business process has no failure modes that prevent the process from going to completion.
Performance Measures	<ul style="list-style-type: none">• Time to complete process: e.g., Batch Responses = within __ hours• Error rate = __% or less