

PM Provider Information Management	
Manage Provider Information	
Item	Details
Description	<p>The <b>Manage Provider Information</b> business process is responsible for managing all operational aspects of the Provider data store, which is the source of comprehensive information about prospective and contracted providers and their interactions with the State Medicaid Agency (SMA). The Provider data store is the SMA Source of Record (SOR) for provider demographic, business, credentialing, enumeration, performance profiles, payment processing, and tax information. The data store includes contractual terms (e.g., the services the provider is to provide) related performance measures, and the reimbursement rates for those services.</p> <p>In addition, the Provider data store contains records about and tracks the processing of provider enrollment applications, credentialing and enumeration verification, and all communications with or about the provider, including provider verification requests and responses, and interactions related to any grievance/appeal. The Provider data store may store records or pointers to records for services requested and services provided, performance, utilization, and program integrity reviews, and participation in member care management. Business processes that generate prospective or contracted provider information send requests to the Member data store to add, delete, or modify information. The Provider data store validates information upload requests, applies instructions, and tracks activity. The Provider data store provides access to provider records to applications and staff via batch record transfers, responses to queries, and subscription services.</p>
Trigger Event	<p>Environment-based Trigger Events:</p> <ul style="list-style-type: none"> <li>• Receive request to create, inquire, delete, or modify provider information from authorized individuals via email, mail, facsimile, telephone or web.</li> <li>• Receive request to verify provider information from authorized external parties.</li> </ul>
Result	<ul style="list-style-type: none"> <li>• The SMA creates, inquires on, modifies or deletes provider information.</li> <li>• Alert sent to notify Health Insurance Exchange (HIX) of provider network modification information.</li> <li>• Alert sent to notify insurance affordability program (i.e., Medicare, CHIP and Basic Health Program) of provider network modification.</li> <li>• Alert sent to <b>Manage Provider Communication</b> to notify provider of relevant modifications.</li> <li>• Tracking information as needed for measuring performance and business activity monitoring.</li> </ul>
Business Process Steps	<ol style="list-style-type: none"> <li>1. <b>START:</b> Receive request from authorized individuals or agencies to create, inquire, delete or modify provider information.</li> <li>2. Agency logs request for provider information.</li> <li>3. Validate information submitted is correct and as complete as possible. Information complies with syntax criteria and requestor has completed all required fields.</li> </ol>

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	<p>4. Validate the authorization by requestor to acquire provider information.</p> <p>5. Find appropriate provider.</p> <p>6. Create, inquire, delete or modify relevant provider information.</p> <p>7. Send alert to notify Health Insurance Exchange (HIX) of provider network modification.</p> <p>8. Send alert to notify insurance affordability program of provider network modification.</p> <p>9. Send alert to <b>Manage Provider Communication</b> to notify provider of relevant modifications</p> <p><b>10. END:</b> The SMA creates, inquires on, deletes, or modifies provider information.</p>
<b>Shared Data</b>	<p>Provider data store including provider network, contract, demographics, application, eligibility, enrollment, grievance, appeals and communications information</p> <p>Financial data store including payment information</p> <p>Plan data store including policy information</p> <p>Health Benefit data store including benefit program and benefit information</p> <p>Claims data store including claim status and claims payment information</p> <p>Care Management data store including case management, health record, and clinical data information</p> <p>Business Activity data store including performance information</p>
<b>Predecessor</b>	<p><b>Receive Inbound Transaction</b></p> <p><b>Determine Provider Eligibility</b></p> <p><b>Enroll Provider</b></p> <p><b>Disenroll Provider</b></p> <p><b>Terminate Provider</b></p> <p><b>Perform Provider Outreach</b></p> <p><b>Manage Provider Communication</b></p> <p><b>Manage Provider Grievance and Appeal</b></p> <p><b>Establish Compliance Incident</b></p> <p><b>Determine Adverse Action Incident</b></p>
<b>Successor</b>	<p><b>Send Outbound Transaction</b></p> <p><b>Determine Provider Eligibility</b></p> <p><b>Enroll Provider</b></p>

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	<i>Disenroll Provider</i> <i>Terminate Provider</i> <i>Perform Provider Outreach</i> <i>Manage Provider Communication</i> <i>Manage Provider Grievance and Appeal</i> <i>Manage Provider Recoupment</i> <i>Manage Contractor Payment</i> <i>Manage Capitation Payment</i> <i>Establish Compliance Incident</i> <i>Manage Data</i>
<b>Constraints</b>	State-specific workflows determine which processes load and access the Provider data store and by which interactions and messages (e.g., query/response, batch uploads, publish and subscribe, etc.), the information content and how they will structure data store records, as well as determine how to validate the incoming information prior to updating the Provider data store. Archive information in accordance with state and federal record retention requirements.
<b>Failures</b>	<ul style="list-style-type: none"> <li>• Requestor has no authorization to the provider information.</li> <li>• Unable to find requested Provider.</li> <li>• Provider information is not available for inquiry.</li> </ul>
<b>Performance Measures</b>	<ul style="list-style-type: none"> <li>• Time to complete process: e.g., Real Time response = within __ seconds, Batch Response = within __ days</li> <li>• Accuracy of decisions = ___%</li> <li>• Consistency of decisions and disposition = ___%</li> <li>• Error rate = ___% or less</li> </ul>