

Develop Agency Goals and Objectives

PL Plan Administration	
Develop Agency Goals and Objectives	
Item	Details
Description	The Develop Agency Goals and Objectives business process periodically assesses and prioritizes the current mission statement, goals, and objectives to determine if changes are necessary. Goals and objectives may warrant change for example, under a new administration, in response to changes in demographics, public opinion or medical industry trends, or in response to regional or national disasters.
Trigger Event	Environment-based Trigger Events to include but not limited to: <ul style="list-style-type: none"> • Periodic timetable (e.g., annual) is due for review of goals and objectives. • Periodic timetable (e.g., annual) is due to implement new goals or objectives. • Ad hoc request for goals or objectives updates.
Result	<ul style="list-style-type: none"> • The State Medicaid Agency (SMA) defines new or modified statement of goals or objectives. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> 1. START. Receive notice that the SMA requires a review of current goals and objectives or the review interval is due. 2. Review existing goals, objectives, and priorities. 3. Review information such as current performance measurements, industry successes, budget, and other States/programs successes. 4. Convene Stakeholders. 5. Develop consensus on changes and priorities. 6. END. Publish new or revised statement of goals and objectives, including performance measurements and priorities.
Shared Data	<p>Plan data store including Medicaid State Plan, health plan, health benefits, performance measures, and benchmarks information</p> <p>Business Activity data store including performance information (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures)</p>
Predecessor	Manage Performance Measures
Successor	Manage Health Plan Information Manage Health Benefit Information Maintain Program Policy Maintain State Plan

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Item	Details
	Manage Performance Measures
Constraints	<p>Economic conditions shift, making less revenue available to fund the approved and planned budget.</p> <p>The State Medicaid Agency will comply with federal and state regulations.</p>
Failures	<ul style="list-style-type: none"> Stakeholders are unable to reach consensus on the SMA goals and objectives.
Performance Measures	<ul style="list-style-type: none"> Time to complete the process = within __ days, __ weeks Achievement of goals and objectives linked to policy implementation

Maintain Program Policy

PL Plan Administration	
Maintain Program Policy	
Item	Details
Description	The Maintain Program Policy Business Process responds to requests or needs for change in the enterprise's programs, benefits, or business rules, based on factors such as federal or state regulations, governing board or commission directives, Quality Improvement Organization's findings, federal or state audits, enterprise decisions, or consumer pressure.
Trigger Event	<p>Environment-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> Periodic timetable (e.g., annual) is due for review of program policy. Periodic timetable (e.g., annual) is due to implement new program policy or modification. Ad hoc request for program policy updates.
Result	<ul style="list-style-type: none"> The State Medicaid Agency (SMA) defines new or modified statement of program policy. Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> START: Receive request to add, delete, or change policy. Request information to analyze policy. Assess impact of policy on budget, stakeholders, and other benefits. Formulate and publish policy. Hold public hearings.

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Maintain Program Policy	
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	6. Revise policy. 7. Seek all federal and state administrative and regulatory approvals. 8. If applicable, assess impact of requested revisions. 9. Determine effective date and date span for policy in coordination with other enterprise considerations. 10. If applicable, develop training plan for new policy. 11. Develop implementation plan for policy. 12. END : Disseminate policy.
Shared Data	Plan data store including Medicaid State Plan, health plan, health benefits, performance measures, and benchmarks information Business Activity data store including performance information (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures)
Predecessor	<i>Develop Agency Goals and Objectives</i> <i>Manage Performance Measures</i> <i>Maintain State Plan</i>
Successor	<i>Manage Health Plan Information</i> <i>Manage Health Benefit Information</i> <i>Maintain State Plan</i> <i>Manage Performance Measures</i> <i>Establish Business Relationship</i>
Constraints	Economic conditions shift, making less revenue available to fund the approved and planned budget. The SMA will comply with federal and state regulations.
Failures	<ul style="list-style-type: none"> • Cost/benefit analysis does not support proposed policy. • Inability to obtain necessary approvals.
Performance Measures	<ul style="list-style-type: none"> • Time to complete the process = within __ days, __ weeks • Achievement of goals and objectives linked to policy implementation

Maintain State Plan

PL Plan Administration	
Maintain State Plan	
Item	Details
Description	The Maintain State Plan business process responds to the scheduled and unscheduled prompts to update and revise the Medicaid State Plan. The Medicaid State Plan is the officially recognized statement describing the nature and scope of the State Medicaid program as required under Section 1902 of the Social Security Act.
Trigger Event	Environment-based Trigger Events to include but not limited to: <ul style="list-style-type: none"> • Periodic timetable (e.g., annual) is due for review of Medicaid State Plan. • Periodic timetable (e.g., annual) is due to implement new policy or modification. • Ad hoc request for Medicaid State Plan updates.
Result	<ul style="list-style-type: none"> • The State Medicaid Agency (SMA) defines new or modified Medicaid State Plan. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> 1. START: Receive prompt or notification to review and update Medicaid State Plan. 2. Review relevant current Medicaid State Plan documentation. 3. Analyze requirements for change to Medicaid State Plan. 4. Research information associated with the change. 5. Analyze impact of the change and determine whether to move forward with modification based on results of analysis: <ol style="list-style-type: none"> a. If no modifications to Medicaid State Plan are necessary, END: Business process stops. b. If necessary, request a waiver for submission in accordance with procedures from appropriate authorities. 6. Develop Medicaid State Plan modification. 7. Disseminate Medicaid State Plan modification for review, comment and approval by internal and external stakeholders. 8. Refine Medicaid State Plan modification based on feedback. 9. Conduct Medicaid State Plan Amendment (SPA) review process with CMS. 10. END: Publish Medicaid State Plan Amendment.
Shared Data	<p>Plan data store including Medicaid State Plan, health plan, health benefits, performance measures, and benchmarks information</p> <p>Business Activity data store including performance information</p>

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Maintain State Plan	
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Predecessor	<i>Develop Agency Goals and Objectives</i> <i>Maintain Program Policy</i> <i>Manage Performance Measures</i> <i>Manage Budget Information</i>
Successor	<i>Manage Health Plan Information</i> <i>Manage Health Benefit Information</i> <i>Manage Performance Measures</i> <i>Manage Applicant and Member Communication</i> <i>Perform Population and Member Outreach</i> <i>Manage Provider Communication</i> <i>Perform Provider Outreach</i> <i>Manage Contractor Communication</i> <i>Perform Contractor Outreach</i> <i>Manage Business Relationship Communication</i> <i>Manage Compliance Incident Information</i> <i>Formulate Budget</i> <i>Manage Data</i> <i>Establish Business Relationship</i>
Constraints	<p>Economic conditions shift, making less revenue available to fund the approved and planned budget.</p> <p>The SMA will comply with federal and state regulations.</p>
Failures	<ul style="list-style-type: none"> The SMA is unable to receive approval of Medicaid State Plan from internal or external stakeholders.
Performance Measures	<ul style="list-style-type: none"> Time to complete the process = within __ days, __ weeks Achievement of goals and objectives linked to policy implementation

Manage Health Plan Information

PL Health Plan Administration	
Manage Health Plan Information	
Item	Details
Description	The Manage Health Plan Information business process includes evaluation of federal or state regulations, legislative and judicial mandates, federal or state audits governing board or commission directives, Quality Improvement Organization's findings, enterprise decisions, and consumer pressure to develop or enhance enterprise business rules, benefit plans and services available to members. The State Medicaid Agency (SMA) collaboratively develops Health Plan service offerings with input and review by other agencies and stakeholders. This business process ensures the organization is on track with the goals and objectives of the SMA and is in concert with statewide goals.
Trigger Event	Environment-based Trigger Events to include but not limited to: <ul style="list-style-type: none"> • Periodic timetable (e.g., annual) is due for review of policy. • Periodic timetable (e.g., annual) is due to implement new policy or modification. • Ad hoc request for program policy updates.
Result	<ul style="list-style-type: none"> • The SMA defines new or modified policy. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> 1. START: Notification of legal or administrative mandates that have potential impact to Health Plan policy. 2. Analyze legal or administrative mandates and determine whether to create, revise, or terminate Health Plan policy. 3. Assess impact of policy on budget, stakeholders, and other benefits. 4. Create, revise, or terminate Health Plan policy and publish new, revised Health Plan policy, or notification of intent to terminate existing Health Plan policy. 5. Hold public hearings regarding Health Plan policy. 6. Revise Health Plan policy as necessary. 7. Submit Health Plan policy to federal and state administrative and regulatory agencies for approval. 8. Assess impact of requested revisions, if applicable. 9. Determine effective date and duration for Health Plan policy in coordination with other enterprise considerations. 10. Develop training plan for new, revised or discontinued Health Plan policy. 11. Develop implementation or transition plan for new, revised, or discontinued Health Plan policy. 12. Implement Health Plan policy.

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Manage Health Plan Information	
Item	Details
	13. END: Send Health Plan policy to Health Insurance Marketplace for certification.
Shared Data	<p>Financial data store including budget information</p> <p>Member data store including demographic information</p> <p>Contractor data store including provider network information</p> <p>Provider data store including provider network information</p> <p>Plan data store including policy information</p> <p>Health Benefit data store including benefit program and benefit information</p> <p>Reference data store including code set information</p> <p>Authorization data store including authorization and treatment plan information</p> <p>Business Activity data store including performance information (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures)</p>
Predecessor	<p><i>Develop Agency Goals and Objectives</i></p> <p><i>Maintain Program Policy</i></p> <p><i>Maintain State Plan</i></p> <p><i>Manage Health Benefit Information</i></p> <p><i>Manage Performance Measures</i></p> <p><i>Formulate Budget</i></p> <p><i>Manage Budget Information</i></p>
Successor	<p><i>Manage Health Benefit Information</i></p> <p><i>Manage Reference Information</i></p> <p><i>Manage Rate Setting</i></p> <p><i>Manage Performance Measures</i></p> <p><i>Manage Applicant and Member Communication</i></p> <p><i>Perform Population and Member Outreach</i></p> <p><i>Manage Provider Communication</i></p> <p><i>Perform Provider Outreach</i></p> <p><i>Manage Contractor Communication</i></p> <p><i>Perform Contractor Outreach</i></p> <p><i>Manage Business Relationship Communication</i></p> <p><i>Establish Compliance Incident</i></p>

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Manage Health Plan Information	
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	Manage Compliance Incident Information Formulate Budget Manage Data
Constraints	<p>Economic conditions shift, making less revenue available to fund the approved and planned budget.</p> <p>The SMA will comply with federal and state regulations.</p>
Failures	<ul style="list-style-type: none"> • Cost/benefit analysis does not support proposed policy. • Inability to obtain necessary approvals.
Performance Measures	<ul style="list-style-type: none"> • Time to complete the process = within ___ days, ___ weeks • Achievement of goals and objectives linked to policy implementation

Manage Performance Measures

PL Health Plan Management	
Manage Performance Measures	
Item	Details
Description	<p>The Manage Performance Measures business process involves the design, implementation, and maintenance of mechanisms and measures the State Medicaid Agency (SMA) uses to monitor the business activities and performance of the State Medicaid Enterprise's business processes and programs. This includes the steps involved in defining the criteria by which the SMA measures activities and programs (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures). This business process develops the reports and other mechanisms that it uses to track activity and effectiveness at all levels of monitoring. Business Intelligence analysis (i.e., historical, current and predictive views of business operations) occurs within this process.</p> <p>Examples of performance measures and associated reports may be things such as: <i>Goal:</i> The SMA makes prompt and accurate payments to providers. <i>Measurement:</i> Pay or deny 95% of all clean claims within 30 days of receipt. <i>Mechanism:</i> The SMA generates weekly report on claims processing timelines.</p> <p><i>Goal:</i> Accurately and efficiently, draw and report funds in accordance with the federal Cash Management Improvement Act (CMIA) and general cash management principles and timeframes to maximize non-general fund recovery. <i>Measurement:</i> Draw 98% of funds with the minimum time allowed under CMIA. <i>Mechanism:</i> The SMA generates monthly report on funds drawn.</p>

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Manage Performance Measures	
Item	Details
	<p><i>Goal:</i> Improve health care outcomes for Medicaid members.</p> <p><i>Measurement:</i> Reduce emergency room visits by ten percent by assigning a primary care case manager.</p> <p><i>Mechanism:</i> The SMA generates monthly report comparing emergency room usage by member for the period prior to and after Primary Care Case Managers (PCCM) assignment.</p>
Trigger Event	<p>Environment-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Receive request to revise or develop new performance measures and/or reporting. • Notification of a periodic review of measures and/or reporting is due. • Receive notification for executing a periodic monitoring activity. • Receive notice describing an incident requiring monitoring.
Result	<ul style="list-style-type: none"> • Update to the criteria, mechanisms, and/or reports utilized to monitor performance measures. • Produce reporting related to the incident analysis or periodic monitoring results. • 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 review time. 2. Review existing performance measures and reports. 3. Revise, delete or add to existing measures and reports. 4. Produce updated definition of performance measures. 5. Monitor business activity against established performance measures. 6. Assess resulting information with business intelligence methods (i.e., historical, current and predictive views of business operations). 7. Produce reporting. 8. END: Disseminate information to designated members (e.g., individuals or business processes).
Shared Data	Business Activity data store including performance information (e.g., CAPHS and HEDIS measures)
Predecessor	<p>NOTE: Any MITA business process could be a predecessor to any performance monitoring activity depending on the performance measures.</p> <p>Develop Agency Goals and Objectives</p> <p>Maintain Program Policy</p> <p>Maintain State Plan</p> <p>Manage Health Plan Information</p>

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Manage Performance Measures	
Item	Details
	<i>Identify Utilization Anomalies</i> <i>Manage Compliance Incident Information</i>
Successor	Send Outbound Information <i>Manage Health Plan Information</i> <i>Formulate Budget</i> <i>Establish Compliance Incident</i> <i>Manage Data</i> <i>Develop Agency Goals and Objectives</i> <i>Maintain Program Policy</i> <i>Maintain State Plan</i>
Constraints	The SMA will comply with federal and state regulations. Business intelligence tools have different abilities depending on the tool utilized and technical configuration.
Failures	<ul style="list-style-type: none"> • Inability to access relevant information.
Performance Measures	<ul style="list-style-type: none"> • Time to complete the process = within __ hours, __ minutes • Accuracy with which State Medicaid Enterprise applies updates • Consistency with which State Medicaid Enterprise applies updates • Error rate = __% • Effectiveness of performance measures • Ease of implementation of performance measures

Manage Health Benefit Information

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Manage Health Benefit Information	
Item	Details
Description	<p>The Manage Health Benefit Information business process includes the activities for development and implementation of health benefit packages to accommodate service delivery to targeted member populations.</p> <p>The health benefit package accommodates information to support current and future health benefit packages for members eligible for programs administered by the State Medicaid Agency (SMA). The SMA determines benefit terms and limitations, and applicable periods for services defined within a health benefit package.</p>

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Manage Health Benefit Information	
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	<p>Health benefit package administration involves the ability to determine, define and coordinate and modify the following parameters within the SMA, as the Medicaid Enterprise policies, funding and business decisions dictate:</p> <ul style="list-style-type: none"> • Multiple health benefit package definitions targeted to specific populations. • Service categories to define available covered service. • Federal and state regulations define service limitations to restrict utilization. • Customization of edits and audits relative to SMA policy. • Utilization tracking of limited services at the member level. • Generation of state and federal reporting requirements.
Trigger Event	<p>State transition-based Trigger Events:</p> <ul style="list-style-type: none"> • Receive information to load as initial records or updates to existing records from any Business Area. <p>Interaction-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Receive inquiry for health benefit information from enterprise business processes. • Receive an inquiry from authorized external parties (e.g., a legislator requests outcome measures for a particular program). <p>Environmental Trigger Events:</p> <ul style="list-style-type: none"> • Periodic or near real-time transmission of program information to authorized external parties or systems, (e.g., Centers for Medicare & Medicaid Services (CMS) or Medicaid Statistical Information System (MSIS)).
Result	<p>All Business Areas load new or updated information and have access to the Health Benefit Information data store to use for analysis, reporting, and decision reporting including:</p> <ul style="list-style-type: none"> • Response to inquiries from authorized requestors and/or applications. • Provision to all other Health Plan Management business processes with program information as needed (i.e., to develop benefit packages and drug formularies, set rates, analyze and project budgets, perform accounting functions, manage federal financial participation (FFP), measure quality, outcomes and performance, and develop policies and strategic initiatives, etc.). • Provision to all MITA business processes with program information needed (e.g., to manage communications, manage business relationships, perform outreach and education, and manage contracts). • Delivery of information to external parties or systems for reporting (e.g., CMS Medicaid Statistical Information System (MSIS) and public health for population health studies). • Delivery of modification to health benefits to Health Insurance Marketplace for

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	<p>certification.</p> <ul style="list-style-type: none"> Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> START: The modification of health plan policy determines the health plan benefit packages that require definition or modifications to comply with the policy. Create and modify health plan benefit packages that support definition of services available for various SMA programs. Define the effective date and duration of the health plan benefit packages. Define the health plan benefit package coverage narrative. Define services specific to unique health plan benefit packages. Specify limitations at both the service and monetary levels relative to health plan benefit packages and service categories. Define any applicable member monetary constraints that include co-pay, co-insurance, deductible, and share of cost amounts, limits, and lifetime maximums. END: Send health plan benefit services to Health Insurance Marketplace for certification.
Shared Data	<p>Business Activity data store including performance information (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures)</p> <p>Plan data store including policy and health benefit information</p> <p>Health Benefit data store including benefit package and benefits information</p> <p>Provider data store including provider network and contract information</p> <p>Contractor data store including provider network and contract information</p> <p>Member data store including applicant or member demographics, enrollment, financial, social, functional and clinical information</p> <p>Claims data store including payment history</p>
Predecessor	<p><i>Develop Agency Goals and Objectives</i></p> <p><i>Maintain Program Policy</i></p> <p><i>Maintain State Plan</i></p> <p><i>Manage Health Plan Information</i></p> <p><i>Manage Rate Setting</i></p> <p><i>Manage Reference Information</i></p>

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Manage Health Benefit Information	
Item	Details
Successor	<p><i>Manage Health Plan Information</i></p> <p><i>Manage Reference Information</i></p> <p><i>Manage Data</i></p>
Constraints	Policies and procedures will differ by state, especially those relating to information standards, record keeping, and privacy.
Failures	<ul style="list-style-type: none"> Inability or failure to load initial records, properly analyze, update, or locate existing records in the Business Activity data store.
Performance Measures	<ul style="list-style-type: none"> Time to store information = within __ minutes Time to access information = within __ minutes Error rate = __% or less

Manage Reference Information

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Manage Reference Information	
Item	Details
Description	<p>The Manage Reference Information business process is responsible for all operations aspects for the creation, modification, and deletions of reference code information. The Process Claim business process additions or adjustments trigger this business process. Additional triggers for Manage Reference Information business process include the addition of a new health plan or benefit, or the modification to an existing program due to the passage of new state or federal legislation, or budgetary modifications. The business process includes revising code information (e.g., Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), National Drug Code (NDC)), and/or revenue codes. Business process also adds rates associated with those codes and updates existing rates. The business process updates and adds information from the Manage Member Information and Manage Provider Information business processes as well as drug formulary, health plan and health benefit information.</p> <p><u>Designate Approved Services and Drug Formulary</u></p> <p>The Designate Approved Services and Drug Formulary activity is responsible for review of new and/or modified service codes (e.g., HCPCS, International Classification of Diseases (ICD) or NDC) for possible inclusion in various Medicaid Benefit programs. The State Medicaid Agency (SMA) may include or exclude certain services and drugs in each benefit package.</p> <p>Internal or external team(s) of medical, policy, and rates staff review service, supply, and drug codes to determine fiscal impacts and medical appropriateness for the</p>

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	inclusion or exclusion of codes to various benefit plans. The review team is responsible for reviewing any legislation to determine scope of care requirements that the SMA will meet. Review includes the identification of any modifications or additions needed for regulations, policies, and or Medicaid State Plan in order to accommodate the inclusion or exclusion of service/drug codes. The review team is also responsible for the defining coverage criteria and establishing any limitations or authorization requirements for approved codes.
Trigger Event	<p>Interaction-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Receive new or modification of reference information from Process Claim business process. • Receive new or modification of health plan information from Manage Health Plan Information business process. • Receive new or modification of health benefits information from Manage Health Benefit Information business process. <p>Environment-based Trigger Events to include but not limited to:</p> <ul style="list-style-type: none"> • Addition or modification to health plan or health benefit as directed by state or federal legislation or budgetary modifications. • Receive revised reference code set by industry standards organization. • Annual, bi-annual, quarterly or other review of newly established or modified service codes and National Drug Codes as published by maintainers of medical codes.
Result	<ul style="list-style-type: none"> • Addition or modification of reference code set elements. • Alert sent to notify provider and contractor of reference code addition or modification. • Approved services and drug formularies established and defined. • The SMA approved or denied service codes and NDC codes for inclusion or exclusion in one or more Medicaid Health Plan. • Alert sent to notify impacted member of approved services and drug formulary. • Alert sent to Manage Rate Setting business process to establish rates for approved services and drug formulas. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> 1. START: Receive addition or modification of reference information. 2. Review addition or modification to determine impact to coverage requirements based on current benefit programs. 3. Add or update codes or rates, including pre- and post-verification for accuracy. 4. Add or update member benefits, including pre- and post-verification for

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	<p>accuracy.</p> <ol style="list-style-type: none"> Add or update drug formulary information, including pre- and post-verification for accuracy. Add or update program under which services are available. END: Send alert to notify provider and contractor of reference code addition or modification. <p><u>Designate Approved Services and Drug Formulary</u></p> <ol style="list-style-type: none"> START: Receive addition or modification of codes information. Review new or modified coding to determine impact to coverage requirements based on current benefit programs. Approve addition or elimination of services or NDC. Determine coverage policies. Review and identify modifications to Medicaid State Plan. Review and identify modifications to regulations. Recommend modifications to the State Medicaid Enterprise. END: Send alert to notify provider, contractor, and impacted member of approved services and drug formulary.
Shared Data	<p>Reference data store including code set, drug formulary, and service code formulary information</p> <p>Member data store including health benefits information</p> <p>Provider data store including provider network information</p> <p>Contractor data store including provider network information</p> <p>Health Benefit data store including benefit and rate information</p>
Predecessor	<p>Receive Inbound Transaction</p> <p>Manage Rate Setting</p> <p>Manage Health Plan Information</p> <p>Manage Health Benefit Information</p> <p>Process Claim</p> <p>Process Encounter</p>
Successor	<p>Process Claim</p> <p>Process Encounter</p> <p>Manage Rate Setting</p> <p>Manage Provider Communication</p>

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Manage Reference Information	
Item	Details
	Manage Contractor Communication Manage Applicant and Member Communication Manage Data
Constraints	The SMA will maintain the Reference data store according to federal and state-specific policies and procedures, and comply with any code authority requirements. The SMA establishes service and drug formularies. Policies and procedures may differ from state to state.
Failures	<ul style="list-style-type: none"> The review does not take place prior to the effective date of the codes.
Performance Measures	<ul style="list-style-type: none"> Time to complete process: e.g., Real Time response = within __ seconds, Batch Response = within __ days Accuracy of decisions = ____% Consistency of decisions and disposition = ____% Error rate = __% or less

Manage Rate Setting

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Manage Rate Setting	
Item	Details
Description	The Manage Rate Setting business process responds to requests to add or modify rates for any service or product covered by the Medicaid Program.
Trigger Event	Environment-based Trigger Events to include but not limited to: <ul style="list-style-type: none"> Receive official request for rate setting addition or modification. Periodic timetable is due for rate addition or modification. Receive the addition or modification of rate information.
Result	<ul style="list-style-type: none"> The State Medicaid Agency (SMA) defines new rate with effective date and date span. The SMA rejects rate request. Alert sent to notify provider and contractor of rate modification. Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	<ol style="list-style-type: none"> START. Receive notification of request for addition or modification of rate. Research and analyze rate, which may include request information to determine initial or updated rate.

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	3. Validate rate requested or establish rate. 4. Optional: Perform What-if scenarios analysis. 5. Create rate update or deny the request. 6. END: Send alert to notify provider and contractor of rate addition or modification.
Shared Data	Business Activity data store including performance measures Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) information Plan data store including policy information Health Benefit data store including benefit package and benefit information Claims data store including payment information Provider data store including provider network and Contract information Contractor data store including provider network information
Predecessor	Manage Health Plan Information
Successor	Manage Health Plan Information Manage Health Benefit Information Manage Provider Communication Manage Contractor Communication Manage Reference Information
Constraints	The SMA will conform to mandates from the legislature or court. For a new service, procedure or product, information may not exist to assist in establishing a rate.
Failures	<ul style="list-style-type: none"> The SMA does not have enough information to validate rate or perform What-if scenario analysis delaying or interrupting the process. Process includes possible denial of rate setting request.
Performance Measures	<ul style="list-style-type: none"> Time to establish/update rate or reject rate request = __ hours or days Accuracy: The process produces acceptable results __ % of the time Efficiency: Combination of staff plus automated processes results in utilization of __ FTEs per occurrence of this process