

PROVIDER MANAGEMENT BUSINESS AREA PROVIDER MANAGEMENT (PR) CHECKLIST

STATE:	DATE OF REVIEW:	REVIEWER:
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PROVIDER MANAGEMENT (PR) CHECKLIST

PROVIDER MANAGEMENT (PR) CHECKLIST BACKGROUND

Background for this checklist:

1. This is a generic checklist covering all types of providers. There are limited references to specific provider types, e.g., laboratory, physician.
2. Unless otherwise stated, criteria apply to all provider types enrolled by the State Medicaid agency, including atypical.
3. The criteria in this checklist are mainly based on the MMIS requirements in the State Medicaid Manual (SMM). The MMIS requirements in the SMM have been used for decades of MMIS certification. The language used in the criteria has been modernized to reflect 21st century terminology. Additional criteria have been added to align with Industry Best Practices (IBP). Many of these IBP have become standards in most States. If a State requests an IBP function in its RFP or System Requirements Document, it will be considered a requirement to be reviewed during MMIS certifications

Sources for the criteria in this checklist are as follows:

SMM – State Medicaid Manual, MMIS Section, available from <http://www.cms.hhs.gov/Manuals/PBM/list.asp>, Document 45

IBP – Industry Best Practice. Items are selected from RFPs for MMISs developed by states and approved by CMS.

HIPAA – HIPAA act, available from

http://www.cms.hhs.gov/TransactionCodeSetsStandards/02_TransactionsandCodeSetsRegulations.asp#TopOfPage

CFR – Code of Federal Regulations, available from <http://www.access.gpo.gov/uscode/title42/title42.html>

BUSINESS OBJECTIVES

Reference #	Business Objectives	Comments
PR1	Enroll and maintain adequate provider network for the Medicaid Beneficiary population.	

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Reference #	Business Objectives	Comments
PR2	Ensure quality of provider network and accuracy of payment arrangement.	
PR3	Maintain provider information.	
PR4	Comply with Health Insurance Portability and Accountability Act (HIPAA) requirements.	
PRSS1	<i>Add State-specific business objectives for the Provider Management Checklist here.</i>	

PR1 – ENROLL AND MAINTAIN ADEQUATE PROVIDER NETWORK					
Ref #	System Review Criteria	Source	Yes	No	Comments
PR1.1	Provides secure access to the applications.	IBP			
PR1.2	Routes provider applications, and collects and processes provider enrollment and status information.	IBP			
PR1.3	Produces notices to applicants of pending status, approval, or rejection of their applications.	IBP			
PR1.4	Assigns and maintains provider numbers for all providers if the system is not natively NPI-compliant internally. Maps NPI identifiers to internal assigned numbers. Assigns and maintains provider numbers for providers not eligible for an NPI number.	SMM			

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PR1 – ENROLL AND MAINTAIN ADEQUATE PROVIDER NETWORK

Ref #	System Review Criteria	Source	Yes	No	Comments
PR1.5	Flags and routes for action if multiple internal State assigned provider numbers are assigned to a single provider.	IBP			
PR1.6	Supports communications to and from providers and tracks and monitors responses to the communications.	IBP			
PR1.7	Supports a provider appeals process in compliance with Federal guidelines contained in 42 CFR 431.105.	CFR			
PR1.8	Maintains date-specific provider enrollment and demographic data.	SMM			
PR1.9	Generates information requests, correspondence, or notifications based on the status of the application for enrollment.	IBP			
PR1.10	Tracks the sending of State furnished information to enrolled providers.	IBP			
PR1.11	Produces responses to requests/inquiries on the adequacy of the Medicaid provider network based on provider/Beneficiary ratios by geographic region, provider type, etc.	IBP			
PR1.12	Uses consistent provider naming conventions to differentiate between first names, last names, and business or corporate names and to allow flexible searches based on the provider name.	IBP			
PR1SS.1	<i>Enter State-specific Criteria for this business objective here. Example: Identifies and flags out-of-state providers.</i>				

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PR2 – ENSURE QUALITY OF PROVIDER NETWORK AND ACCURACY OF RATES					
Ref #	System Review Criteria	Source	Yes	No	Comments
PR2.1	Tracks and supports the screening of applications (and ongoing provider updates) for (National Provider Identifier (NPIs), State licenses, Specialty Board certification as appropriate, review team visits when necessary, and any other State and/or Federal Requirement.	SMM			
PR2.2	Tracks and supports any established provider review schedule to ensure providers continue to meet program eligibility requirements.	SMM			
PR2.3	Verifies provider eligibility in support of other system processes, i.e., payment of claims.	SMM			
PR2.4	Captures Clinical Laboratory Improvement Amendments (CLIA) certification information and the specific procedures each laboratory is authorized to cover. Links the information for use in claims adjudication.	SMM			
PR2.5	Cross-references license and sanction information with other State or Federal agencies.	IBP			
PR2.6	Generates notices to providers of expiring Medicaid agreements and/or State licenses.	IBP			

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PR2 – ENSURE QUALITY OF PROVIDER NETWORK AND ACCURACY OF RATES

Ref #	System Review Criteria	Source	Yes	No	Comments
PR2.7	Maintains multiple provider specific reimbursement rates with begin and end dates, consistent with State policy. Examples include: per diems, level-of-care per diems, case mix, percentage-of-charge rates, rates based on level of care, preferred provider agreements, managed care agreements, volume purchase contracts, or other cost-containment initiatives with begin and end effective dates.	SMM			
PR2SS.1	<i>Enter State-specific criteria for this business objective here. Example: Identifies providers whose licenses, certifications, and permits are set to expire ninety (90) days prior to the end date of the current certification, licensing, or permit period.</i>				

PR3 – MAINTAIN PROVIDER INFORMATION

Ref #	System Review Criteria	Source	Yes	No	Comments
PR3.1	Accepts, validates, and processes transactions or user entries to update and maintain provider information.	SMM			

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PR3 – MAINTAIN PROVIDER INFORMATION					
Ref #	System Review Criteria	Source	Yes	No	Comments
PR3.2	Provides user access to provider data and allows extraction of information. The extracts or reports could include such items as: <ul style="list-style-type: none"> ▪ The current status of providers' records. ▪ An alphabetical provider listing ▪ A numeric provider listing ▪ A provider rate table listing ▪ An annual re-certification notice ▪ A provider "group affiliation" listing ▪ A provider specialty listing ▪ A provider listing by category of service 	IBP			
PR3.3	Tracks and controls the process of reconciliation of errors in transactions that are intended to update provider information.	SMM			
PR3.4	Maintains current and historical multiple address capabilities for providers.	SMM			
PR3.5	Maintains an audit trail of all updates to the provider data, for a time period specified by the State.	SMM			
PR3.6	Maintains providers' Drug Enforcement Administration (DEA) numbers.	SMM			
PR3.7	Updates and maintains financial data including current and prior year 1099 reported amounts.	SMM			

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PR3 – MAINTAIN PROVIDER INFORMATION					
Ref #	System Review Criteria	Source	Yes	No	Comments
PR3.8	Maintains links from providers to other entities, such as Groups, Managed Care Organizations (MCO), Chains, Networks, Ownerships, and Partnerships.	SMM			
PR3.9	Provides capability to do mass updates to provider information, based on flexible selection criteria.	SMM			
PR3.10	Maintains indicators to identify providers that are Fee-for-Service (FFS), Managed Care Organization (MCO) network only, and other State health care program participants.	SMM			
PR3.11	Maintains a flag for providers who are eligible to use Electronic Funds Transfer (EFT) and Electronic Claims Submission.	SMM			
PR3SS.1	<p><i>Enter State-specific criteria for this business objective here.</i></p> <p><i>Example: Maintains the flexibility for date-sensitive demographic information including:</i></p> <ul style="list-style-type: none"> ▪ <i>Provider type and specialty(ies) and taxonomy codes</i> ▪ <i>Multiple provider types</i> ▪ <i>Multiple provider specialties</i> ▪ <i>Multiple provider office locations on a single provider record</i> 				

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PR4 – COMPLY WITH HIPAA REQUIREMENTS					
Ref #	System Review Criteria	Source	Yes	No	Comments
PR4.1	Requires (when appropriate), captures, and maintains the 10-digit National Provider Identifier.	HIPAA			
PR4.2	Accepts the National Provider Identifier in all standard electronic transactions mandated under HIPAA.	HIPAA			
PR4.3	Interfaces with the National Plan and Provider Enumerator System (NPPES) to verify the National Provider Identifier of provider applicants once the Enumerator data base is available.	HIPAA			
PR4.4	Does not allow atypical providers to be assigned numbers that duplicate any number assigned by the NPPES.	HIPAA			
PR4.5	Provides ability to link and de-link to other Medicaid provider IDs for the same provider, e.g., numbers used before the NPI was established, erroneously issued prior numbers, multiple NPIs for different subparts, etc. Captures/crosswalks subpart NPIs used by Medicare (but not Medicaid) to facilitate COB claims processing.	HIPAA			

<p align="center">PROVIDER MANAGEMENT BUSINESS AREA PROVIDER MANAGEMENT (PR) CHECKLIST</p>

PRSS1 – FIRST STATE-SPECIFIC OBJECTIVE					
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Ref #	System Review Criteria	Source	Yes	No	Comments
PRSS1.1	Add criteria for the first State-specific objective here.				