

PROGRAM MANAGEMENT BUSINESS AREA PROGRAM MANAGEMENT REPORTING CHECKLIST

STATE:	DATE OF REVIEW:	REVIEWER:
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PROGRAM MANAGEMENT REPORTING (PM) CHECKLIST

PROGRAM MANAGEMENT REPORTING (PM) CHECKLIST BACKGROUND

Background for this checklist:

1. This checklist is intended to assess the adequacy of the way the MMIS supports Program Management by managing information and providing reports.
2. 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 many 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 Practices. Items are selected from RFPs for MMISs developed by states and approved by CMS.

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

BUSINESS OBJECTIVES

Reference #	Business Objectives	Comments
PM1	Analyze Medicaid program costs and trends to predict impact of policy changes on programs.	
PM2	Monitor payment processes and predict trends.	
PM3	Analyze provider performance to show extent of participation and service delivery.	

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BUSINESS OBJECTIVES		
Reference #	Business Objectives	Comments
PM4	Analyze Beneficiary enrollment, participation, and program usage to predict utilization trends.	
PM5	Maintain an efficient and effective management reporting process	
PMSS1	<i>Add State-specific business objectives for the Program Management Reporting checklist here.</i>	

PM1 – ANALYZE MEDICAID PROGRAM COSTS AND TRENDS TO PREDICT IMPACT OF POLICY CHANGES ON PROGRAMS					
Ref #	System Review Criteria	Source	Yes	No	Comments
PM1.1	Provides information to assist management in fiscal planning and control.	SMM			
PM1.2	Provides information required in the review and development of medical assistance policy and regulations.	SMM			
PM1.3	Prepares information to support the preparation of budget allocations for the fiscal year.	SMM			
PM1.4	Supports the projection of the cost of program services for future periods.	SMM			
PM1.5	Compares current cost with previous period cost to establish a frame of reference for analyzing current cash flow.	SMM			
PM1.6	Compares actual expenditures with budget to determine and support control of current and projected financial position.	SMM			

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PM1 – ANALYZE MEDICAID PROGRAM COSTS AND TRENDS TO PREDICT IMPACT OF POLICY CHANGES ON PROGRAMS					
Ref #	System Review Criteria	Source	Yes	No	Comments
PM1.7	Analyzes various areas of expenditure to determine areas of greatest cost.	SMM			
PM1.8	Provides data necessary to set and monitor rate-based reimbursement, e.g., institutional per diems and Managed Care Organization (MCO) capitation.	SMM			
PM1.9	Maintains provider, recipient, claims processing, and other data to support agency management reports and analyses.	SMM			
PM1.10	Provides counts of services based on meaningful units such as but not limited to: <ul style="list-style-type: none"> ▪ Service category (e.g., days, visits, units, prescriptions) ▪ Unduplicated claims ▪ Unduplicated beneficiaries ▪ Unduplicated providers 	IBP			
PM1.11	Supports online real time summary information such as, but not limited to, number and type of providers, beneficiaries and services.	IBP			
PM1.12	Tracks claims processing financial activities and provides reports on current status of payments.	SMM			
PM1.13	Provides the capability to produce unduplicated counts within a type of service and in total by month.	IBP			
PM1.14	Reports the utilization and cost of services against benefit limitations.	IBP			

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PM1 – ANALYZE MEDICAID PROGRAM COSTS AND TRENDS TO PREDICT IMPACT OF POLICY CHANGES ON PROGRAMS					
Ref #	System Review Criteria	Source	Yes	No	Comments
PM1.15	Assists in determining reimbursement methodologies by providing expenditure data through service codes including: <ul style="list-style-type: none"> Healthcare Common Procedure Coding System (HCPCS), current version International Classification of Diseases (ICD), Clinical Modifier, current version National Drug Code (NDC), current version 	IBP			
PM1.16	Produces an annual hospice report showing a comparison of hospice days versus inpatient days for each enrolled hospice Beneficiary and for all hospice providers.	IBP			
PM1.17	Analyzes break-even point between Medicare and Medicaid payments.	SMM			
PM1.18	Analyzes cost-effectiveness of managed care programs versus fee-for-service.	IBP			
PM1.19	Tracks impact of Medicare drug program.	CFR			
PM1.20	Reports on any change from baseline for any program or policy change.	IBP			
PM1SS.1	<i>Add State-specific criteria for this business objective here.</i>				

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PM2 – MONITOR PAYMENT PROCESSES AND PREDICT TRENDS					
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Ref #	System Review Criteria	Source	Yes	No	Comments
PM2.1	Reviews errors in claim and payment processing to determine areas for increased claims processing training and provider billing training.	SMM			
PM2.2	Provides claims processing and payment information by service category or provider type to analyze timely processing of provider claims according to requirements (standards) contained at 42 CFR 447.45.	SMM			
PM2.3	Monitors third party avoidance and collections per State plan.	SMM			
PM2.4	Retains all information necessary to support State and Federal initiative reporting requirements.	SMM			
PM2.5	Provides access to information such as, but not limited to, paid amounts, outstanding amounts and adjustment amounts to be used for an analysis of timely reimbursement.	SMM			
PM2.6	Displays information on claims at any status or location such as, but not limited to, claims backlog, key entry backlog, pend file status, and other performance items.	SMM			
PM2.7	Identifies payments by type such as, but not limited to, abortions and sterilizations.	IBP			
PM2.8	Develops third party payment profiles to determine where program cost reductions might be achieved.	SMM			

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PM2 – MONITOR PAYMENT PROCESSES AND PREDICT TRENDS

Ref #	System Review Criteria	Source	Yes	No	Comments
PM2.9	Maintains information on per diem rates, Diagnosis Related Groups (DRG), Resource Utilization Groups (RUG), and other prospective payment methodologies according to the State plan and monitors accumulated liability for deficit payments.	IBP			
PM2.10	Automatically alerts administration when significant change occurs in daily, weekly, or other time period payments.	IBP			
PM2SS.1	<i>Add State-specific criteria for this business objective here.</i>				

PM3 – ANALYZE PROVIDER PERFORMANCE TO SHOW EXTENT OF PARTICIPATION AND SERVICE DELIVERY
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Ref #	System Review Criteria	Source	Yes	No	Comments
PM3.1	Reviews provider performance to determine the adequacy and extent of participation and service delivery.	SMM			
PM3.2	Reviews provider participation and analyzes provider service capacity in terms of Beneficiary access to health care.	SMM			
PM3.3	Analyzes timing of claims filing by provider to ensure good fiscal controls and statistical data.	SMM			

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PM3 – ANALYZE PROVIDER PERFORMANCE TO SHOW EXTENT OF PARTICIPATION AND SERVICE DELIVERY
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Ref #	System Review Criteria	Source	Yes	No	Comments
PM3.4	Provides access to information for each provider on payments to monitor trends in accounts payable such as, but not limited to, showing increases/decreases and cumulative year-to-date figures after each claims processing cycle.	IBP			
PM3.5	Produces information on liens and providers with credit balances.	IBP			
PM3.6	Produces provider participation analyses and summaries by different select criteria such as, but not limited to: <ul style="list-style-type: none"> ▪ Payments ▪ Services ▪ Types of services ▪ Beneficiary eligibility categories 	IBP			
PM3.7	Provides information to assist auditors in reviewing provider costs and establishing a basis for cost settlements.	IBP			
PM3.8	Monitors individual provider payments.	IBP			
PM3SS.1	<i>Add State-specific criteria for this business objective here.</i>				

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PM4- ANALYZE BENEFICIARY ENROLLMENT, PARTICIPATION AND PROGRAM USAGE TO PREDICT UTILIZATION TRENDS					
Ref #	System Review Criteria	Source	Yes	No	Comments
PM4.1	Reviews the utilization of services by various Beneficiary categories to determine the extent of participation and related cost.	SMM			
PM4.2	Analyzes progress in accreting eligible Medicare buy-in Beneficiaries.	SMM			
PM4.3	Supports analyses of data on individual drug usage.	SMM			
PM4.4	Presents geographic analysis of expenditures and Beneficiary participation.	SMM			
PM4.5	Provides Beneficiary data (including Long Term Care (LTC), Early Periodic Screening, Diagnosis and Treatment (EPSDT), and insurance information) for designated time periods.	IBP			
PM4.6	Summarizes expenditures, based on type of Federal expenditure and the eligibility and program of the Beneficiary.	IBP			
PM4.7	Provides eligibility and Beneficiary counts and trends by selected data elements such as, but not limited to, aid category, type of service, age and county.	IBP			
PM4.8	Provides Beneficiary enrollment and participation analysis and summary, showing utilization rates, payments and number of beneficiaries by eligibility category.	SMM			
PM4.9	Provides the ability to request information online and to properly categorize services based on benefit plan structure.	IBP			

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PM4- ANALYZE BENEFICIARY ENROLLMENT, PARTICIPATION AND PROGRAM USAGE TO PREDICT UTILIZATION TRENDS

Ref #	System Review Criteria	Source	Yes	No	Comments
PM4.10	Reports on dual eligibles pre and post Medicare Part D implementation.	SMM			
PM4SS.1	Add State-specific criteria for this business objective here.				

PM5 – MAINTAIN AN EFFECTIVE AND EFFICIENT MANAGEMENT REPORTING PROCESS

Ref #	System Review Criteria	Source	Yes	No	Comments
PM5.1	Supports report balancing and verification procedures.	IBP			
PM5.2	Maintains comprehensive list of standard PM reports and their intended use (business area supported).	IBP			
PM5.3	Maintains a list of users of each standard PM report.	IBP			
PM5.4	Maintains online access to at least four (4) years of selected management reports and five (5) years of annual reports.	IBP			
PM5.5	Meets State defined time frames and priorities for processing user requests.	SMM			
PM5SS.1	Add State-specific criteria for this business objective here.				

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PMSS1 – FIRST STATE-SPECIFIC OBJECTIVE					
Ref #	System Review Criteria	Source	Yes	No	Comments
PMSS1.1	Add criteria based on the APD, RFP, etc., that are relevant to this State-specific objective.				