

MEM – Tracking Qualified Entity (QE) Discrepancy Activity

Purpose:

This procedure explains the process of how to track incorrect QE activity related to Presumptive Medicaid determinations.

Identification of Roles:

Field Staff
SPIRS
Policy Staff
Enrollment Service Representative (ESR)
MPEP Support Helpdesk

Performance Standards:

The IME MPEP Support Helpdesk will follow up with the QE regarding any QE Discrepancy activity by the end of the following business day.

Path of Business Procedure:

Step 1: Potential infraction referral is submitted by Field Staff to SPIRS.

- a. Information provided on the referral:
 1. Name of QE that filled out the application
 2. Facility name, aka Presumptive Provider (PP) Organization
 3. Potential infraction to Presumptive Medicaid procedure
 4. Date of potential infraction
 5. Applicant's name or Case Number

Step 2: SPIRS forwards the information provided in Step 1.a. to the MPEP Support Helpdesk.

Step 3: The MPEP Support Helpdesk and Enrollment Service Representative (ESR) will first evaluate whether the discrepancy being reported is potentially an error on the part of the QE. The MPEP Support Helpdesk and ESR will consult with Policy Staff whenever assistance is needed in making this determination.

- a. If the MPEP Support Helpdesk and ESR can determine from an initial evaluation alone that the QE's action was not in error, the reported discrepancy will be rejected and sent back to SPIRS with details to provide clarification to the IMW about PE program policies or procedures. The process ends here; the referral is not investigated with the QE nor is it logged in the PE QE Application Discrepancies Sharepoint site.

- b. If the MPEP Support Helpdesk and ESR cannot immediately rule out the possibility that there was an error made by the QE, they will determine which Presumptive Provider facility the QE is assigned to and proceed to Step 4.

Step 4: The MPEP Support Helpdesk investigates the incident.

- a. First, review the application and other information available in the systems, case file, etc. **NOTE: Although the IMW may report in their referral or in DHS case records that they have already spoken with or otherwise obtained information from the QE about the reported discrepancy, the MPEP Support Helpdesk and ESR must attempt to independently contact the QE to validate this in Step 4b.**
- b. Next, call or email the QE to get an understanding of the issue from the QE's perspective. The email wording can be obtained from the ESR and MPEP Support Helpdesk. Allow the QE a 2 week period to respond to the first outreach attempt by the MPEP Support Helpdesk; if necessary, follow up with a second outreach attempt with another 2 week period to respond. Provide the 2 week due date(s) for a response in the email message(s) sent to the QE (and cc'd to the PP).
 1. If no response is received after two attempts, *an email is sent and a letter must be mailed to the QE and the PP contact notifying of a 6 month suspension period. A template of the Decertification Notice can be obtained from the Member Services Shared drive [\\dhsime\MEMSRV\QEDecertification](#). An updated list of all QEs (and possibly PP) given a suspension period, is sent to the Education and Outreach Coordinator to avoid reenrollment during a suspension period. The list of suspended QEs can be obtained from the Member Services Shared drive [\\dhsime\MEMSRV\QEDecertification](#). The process ends here if the QE is suspended due to failure to respond to the inquiry about the reported incident.
 2. If the QE responds to the request for information about the incident, obtain any additional documents from the QE's PE file needed to evaluate the incident. Compile all documentation obtained as a record to substantiate the course of action to follow.

Step 5: The ESR will log the information in the PE QE Application Discrepancies Sharepoint site

(http://dhssp/ime/IM_Contracts/MemberSrcv/Lists/PE%20QA%20Application%20Discrepancies%20fielded%20by%20MPEP%20Cu/AllItems.aspx) to determine what course of action is necessary. The MPEP Helpdesk Support staff consults with Policy Staff when assistance is needed in making this determination.

Step 6: The information obtained in Step 5 is utilized to determine if an error has occurred and, if so, the corrective or disciplinary action needed based on the nature and number of infractions the QE has incurred in a 12 month period:

- a. No error has occurred – The MPEP Support Helpdesk and ESR’s investigation and evaluation of the reported incident results in a determination that the QE acted correctly. A finding of “No Error” is recorded on the PE QE Application Discrepancies log. If appropriate, the findings are also sent back to SPIRS with details to provide clarification to the IMW about PE program policies or procedures.
- b. An error has occurred –
 1. When it is determined that the QE was taking reasonable steps to try to resolve an issue to get an accurate result but an error did occur, **Corrective Action** rather than disciplinary action is required. (When a QE makes a mistake while making a good faith effort to get an accurate result and to follow required procedures, the terms of the Memorandum of Understanding (MOU) require the Department to assist the QE. This assistance can take the form of communicating with the QE/PP to resolve any misunderstandings, directing the QE/PP to training and other materials that show them the correct process, etc.) Document all corrective action as a record to substantiate the assistance provided in the event that disciplinary action later becomes necessary.
 2. Alternatively, when it is determined that the QE was not making a good faith effort to process PE correctly, or the QE continues to make mistakes despite previously being provided corrective action assistance, the steps of **Disciplinary Action** are as follows:
 - a. First infraction: Email reminder sent to QE and PP contact.
 - b. Second infraction: One month suspension from doing PE applications. *An email is sent and a letter must be mailed to the QE and the PP contact. Generally the suspension will begin on the 1st of the following month with a minimum of 10 day notice but the effective date is contingent upon DHS discretion at the seriousness of the infraction.
 - c. Third infraction: 6 month suspension from doing PE applications. *An email is sent and a letter must be mailed to the QE and the PP contact. Generally the suspension will begin on the 1st of the following month with a minimum of 10 day notice but the effective date is contingent upon DHS discretion at the seriousness of the infraction.

All QE Infraction emails and Notices can be found in the IME Universal shared drive <\\dhsime\IMEUNIVERSAL\MPEP\QEInfractionEmailsandNotices>.

For all levels of infraction resulting in a suspension period, an updated list of all QEs (and possibly PP) given a suspension period is sent to the Education and Outreach Coordinator to avoid reenrollment during the suspension period. The list of suspended QEs can be obtained from the Member Services shared drive <\\dhsime\MEMSRV\QEDecertification>.

****Note:*** *Suspension and/or revocation of credentials will require the MPEP Helpdesk to also send a mailed letter according to the Memorandum of Understanding: “Notice: Other than notices related to amendment of the Agreement, which may be given electronically, any other notice required to be given pursuant to the terms and provisions of this Agreement shall be sent to (1) the Presumptive Provider at the address provided during the presumptive provider enrollment process or (2) the Department at the following address:...” All notices shall be in writing and sent by express delivery service or via the U.S. Postal Service. Notices submitted to the other party via the U.S. Postal Services shall be deemed received by the other party five business days from the original postmark.” This letter will be mailed by timely notice date (see RC-0132) of the month prior to the start date of the suspension period.*

*****The Department reserves the right to immediately suspend and/or permanently revoke access credentials should the infraction warrant the action***

Step 7: The MPEP Support Helpdesk will email SPIRS Staff if information obtained from the QE indicates that an applicant submitted questionable, incomplete, or incorrect information which the IMW may need to know about in order to complete the full Medicaid eligibility determination.

Forms/Reports:

PE QE Application Discrepancies Sharepoint site

RFP References:

N/A

Interfaces:

N/A

Attachments:

N/A

