

Provider Review Unit (PRU) System

User Manual Version 1.3

For internal use by the Department of Medical Assistance Services (DMAS)

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GLOSSARY 1

Chapter 1: The Basics

This chapter covers basic information that will help you use both this manual and the Provider Review Unit (PRU) system effectively.

This chapter includes the following topics:

- Introduction to the Provider Review Unit (PRU)

- How to Use this Manual

- Manual Conventions

- User Roles & Permissions

- The Main Interface

- Oracle Software Features You Need to Know

- Navigation

- Helpful Hints

- Getting Started

Introduction to the Provider Review Unit (PRU)

The Provider Review Unit performs surveillance and utilization review of payments made to Providers under the State and Local Hospitalization (SLH) Program.

Review Sources

Medicaid/SLH Providers who are exceptional within Medicaid exception criteria or who are referred by internal or external sources are reviewed.

Recipients who receive the Explanation of Medicaid Benefits (EOMB) statement serve as another source of provider reviews. Each month, ten percent (10%) of recipients for whom claims have been submitted receive an EOMB statement of the claims paid on their behalf. Recipients are requested to review the claims and return a form that identifies any services that were not actually received.

Additionally, the Federal Health Care Financing Administration (HCFA) requires that one half of one percent (0.5%) of all active non-institutional providers be reviewed each quarter. Eighty percent (80%) of these must be chosen from the SURS report of exceptional providers. In addition, ten (10) acute care hospitals must be reviewed each year.

How to Use this Manual

You will get optimal use out of this manual if you understand its approach to teaching you to use the PRU system. It is highly recommended that you review the items in this section before proceeding with the manual and the PRU application.

- π This manual is task-oriented because your job is task-oriented. Determine what task you want to complete and use the table of contents to find it in the manual.
- This manual assumes that you have used a standard Windows application in the past and does not explain such standard things as mouse-clicks, scroll bars, or how to use Print dialog boxes.

. NOTE: Sections of instructions are in self-contained “chunks”, and many provide directions relative to the Main Interface screen. This means that you can use blocks of instructions to do anything you want from anywhere in the PRU system by simply returning to the Main Interface.

Manual Conventions

- Bullet points at the left margin mark the steps for completing a task.
- **Bold text** within bulleted items indicates keyboard keys (e.g., Type the date and press **Enter**).
- Quotation marks indicate field names (e.g., Put the cursor in the “Last Name” field).
- *Italics* within a sentence indicate Glossary terms.
- Initial capitals for words within bulleted items indicate on-screen button names (e.g., Comments, Case Function, Provider Detail, etc.).
- The terms Recipient, Case, and Provider have initial capitals when they are used to indicate “generic” instances of medical care recipients, PRU cases, or Medicaid providers.

The Main Interface

The main interface of the Provider Review Unit (PRU) system is the screen that appears after you log in. It provides access to the functional screens of the application, but it does not offer any functionality.

You will frequently return to the main interface screen to select menus and menu options. The main interface screen offers the menus shown in Figure 1-1 below.

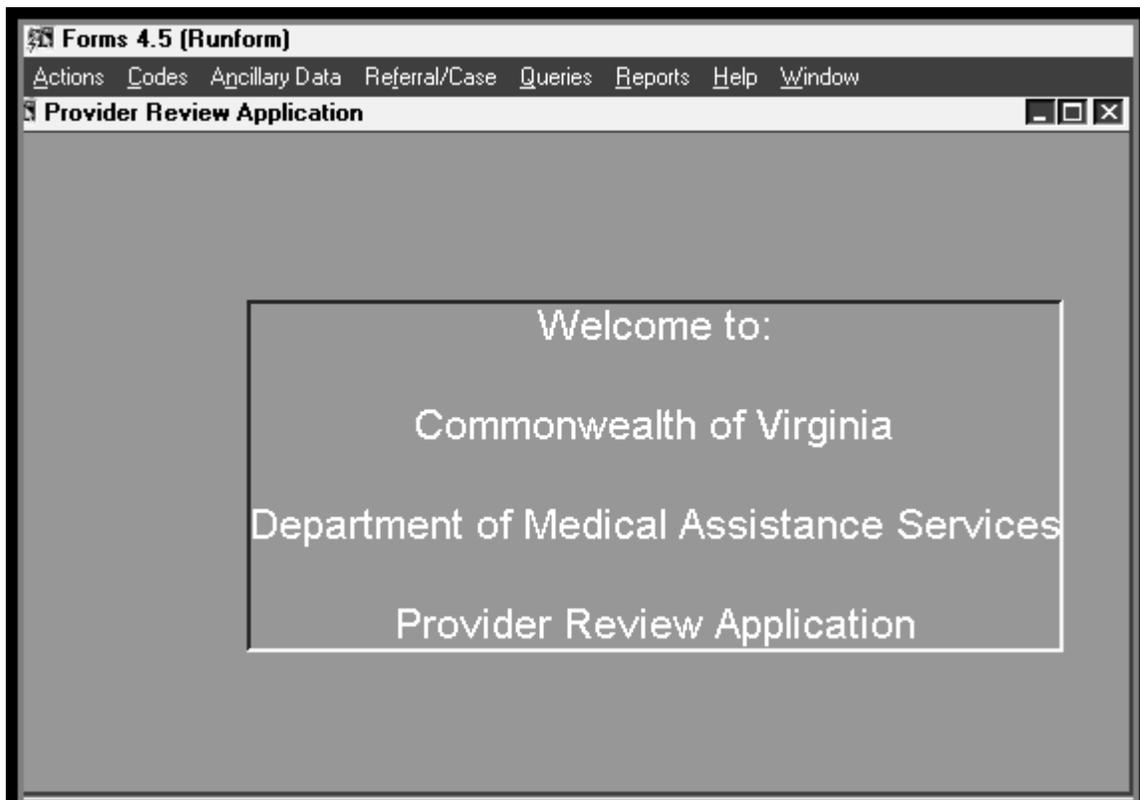


Figure 1-1. Main Interface Screen.

Oracle Software Features You Need to Know

The PRU system is a product of Oracle software development tools.

Oracle software includes some less-than-obvious functionality that you will need to know in order to use the software effectively. The following subsections explain what these features are and how to use them.

Message/Status Bar

The gray bar that runs across the bottom of your screen provides message and status information that is relevant to current processing activity in the PRU system. When you are in Query Mode, for example, the Message/Status Bar shows "ENTER QUERY". When you have performed a query and begun to scroll through any returned records, the Message/Status Bar tells you what record you are on in the list.

Status information pertains to the progress of behind-the-scenes operations. For example, you will see "Working..." on the Message/Status Bar when the database is processing a query. The Message/Status Bar also displays Oracle error messages that may help you identify or understand any problems that arise.

Figure 1-2 below displays the Message/Status Bar. Note that the message/status information shown is an example and is not intended to reflect what you will see on your Message/Status Bar at any given time.

```
Enter a query; press F8 to execute, Ctrl+q to cancel.
Count: *0          ENTER QUERY          <List>
```

Figure 1-2. Message/Status Bar.

Lists of Values

Oracle provides lists of values for fields whose entries are not likely to be in your memory. For example, the Provider Number field on the Referral screen has a list of values associated with it because you are not likely to know many seven-digit provider numbers off the top of your head. By consulting the list of values associated with the Provider Number field, you can pick the desired provider number.

How to Use Lists of Values

Except for the “Provider Name” fields on the Referral, Case Review, and MFCU Referral screens, Lists of Values work the same way, regardless of which screen you are on.

Do the following to use a List of Values that is not for a “Provider Name” field:

- See if a field has a list of values associated with it by placing your cursor in the field and looking for “<List>” in the Message/Status Bar (see Figure 1-2 above).
- If you see “<List>” in the Message/Status Bar, then there is a list of values associated with the field and you can click the List of Values icon (shown below) on the toolbar to view the list and make a selection.



← List of Values Icon

- Click on the desired item in the list and click OK.

How to Use Lists of Values for “Provider Name” Fields

The PRU system must be in *query mode* in order for you to access a List of Values associated with a Provider name.

Do the following to access Lists of Values for the “Provider Name” fields on the Referral, Case Review, and MFCU Referral screens:

- Click the Query icon on the toolbar.
- Click in the “Provider Name” field.
- Click the List icon on the toolbar.
- Click the desired item in the list and click OK.

. NOTE: The “Find” button allows you to quickly search for a name without having to scroll through the list of names to find it. For information on using the Find button in the List dialog box, refer to the “Find Button Queries” subsection of Chapter 3.

“Non-enterable” Fields

Many screens contain non-enterable fields whose purpose is to display information. These are known as “non-enterable” fields, and they have a gray background (shown below). You can perform queries on some non-enterable fields, but you cannot use any non-enterable fields for data entry.



Navigation

Table 1-3 below explains the most common types of navigation you will use in the PRU system.

Action	Keyboard Key(s)	Screen Icon
To advance to the next field in a record	<ul style="list-style-type: none"> • Tab • Enter • Ctrl + Tab 	Next Item
To return to the previous field in a record	<ul style="list-style-type: none"> • Shift + Tab • Ctrl + Shift + Tab 	Previous Item
To advance to the next record in a group	↓ (down arrow key)	Next Row
To return to the previous record in a group	↑ (up arrow key)	Previous Row

Table 1-3. Basic Navigation.

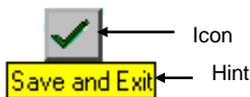
Helpful Hints

☺ Always save your work on a frequent basis.

☺ Always read the short bits of information prefaced by “. *NOTE*”. These notes have been isolated from other text because of their general importance or their particular relevance to the topic at hand.

☺ Look in Appendix A, “Frequently Asked Questions”, if you come across something in the PRU system that does not appear to be explained elsewhere in the manual.

☺ If you come across an icon whose function you do not know, slowly pass your cursor over the icon with the mouse. This will display a hint, as shown below for the “Save and Exit” icon from the Comments box.



☹* Never attempt to delete a record by deleting one field at a time. (Doing this does not actually delete the record, and it can result in significant problems with data and printed reports.)

User Roles and Permissions

The information you can add, update, or delete in the PRU system depends on your user role.

PRU user roles include Manager, Analyst, and Browser. If you are not a PRU department manager or supervisor, you are in the Analyst or Browser category. If you are not a PRU department Analyst, you are in the Browser category.

Manager

Table 1-4 shows Manager permissions by menu and menu selection.

	Update	Insert	Delete
Codes			
Messages	Yes	No	No
States	Yes	Yes	No
PRU Employees	Yes	Yes	No
FIPS Codes	Yes	Yes	No
Provider Types	Yes	Yes	No
Specialty Codes	Yes	Yes	No
Error Reasons	Yes	Yes	No
Correspondence Types	Yes	Yes	No
DMAS Director	Yes	No	No
Ancillary Data			
Providers	Yes	Yes	No
Recipients	Yes	Yes	No
Hospitals	Yes	Yes	No
Other Agencies	Yes	Yes	Yes
Referral/Case			
Referrals	Yes	Yes	Yes
Case	Yes	Yes	Yes
Appeal	Yes	Yes	Yes
MFCU Referral	Yes	Yes	Yes
Correspondence	No	No	No
Case Re-assign	No	No	No

Table 1-4. PRU Manager Permissions Matrix.

Analyst

Table 1-5 below shows Analyst permissions by menu and menu selection.

	Update	Insert	Delete
Codes			
Messages	No	No	No
States	No	No	No
PRU Employees	No	No	No
FIPS Codes	No	No	No
Provider Types	No	No	No
Specialty Codes	No	No	No
Error Reasons	No	No	No
Correspondence Types	No	No	No
DMAS Director	No	No	No
Ancillary Data			
Providers	Yes	Yes	No
Recipients	Yes	Yes	No
Hospitals	Yes	Yes	No
Other Agencies	Yes	Yes	No
Referral/Case			
Referrals	Yes	Yes	No
Case	Yes	Yes	No
Appeal	Yes	Yes	No
MFCU Referral	Yes	Yes	No
Correspondence	No	No	No
Case Re-assign	No	No	No

Table 1-5. Analyst Permissions Matrix.

Browser

Browsers cannot manipulate (i.e., insert, update, or delete) information in the PRU system, but they can view it. Browsers can also generate letters and reports.

Getting Started

PRU should already be installed on your computer. Before you attempt to log on, ask your supervisor to provide the following pieces of information:

- 3 Your username
- 3 Your password
- 3 The name of the database you will be using

To log on:

- Double-click the PRU icon on the Desktop of your PC.
- In the Logon box (see Figure 1-6 below), click once in the “Username” field and type your username; then press **Tab**.
- In the “Password” field, type your password; then press **Tab**.
- In the “Database” field, type the name of the database; then click the Connect button (or press **Enter**).

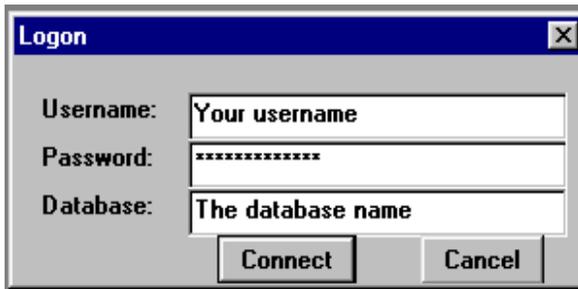


Figure 1-6. Logon Box.

Chapter 2: Primary Tasks

This chapter addresses the main tasks and sub-tasks associated with using the PRU system to perform Medicaid Provider review activities. Chapter 3, “Secondary Tasks,” addresses other tasks that are peripheral to primary tasks. Printing reports, reassigning Cases, and performing queries are examples of secondary tasks.

PRU primary tasks include the following:

Adding Referrals

Adding Cases

Adding Appeals

Adding Provider Attorney Information

. NOTE: The “Adding Referrals” and “Adding Cases” sections of this chapter list and explain related subtasks.

Adding Referrals

Referrals are informational leads whose investigation may result in the discovery of abusive billing practices of Medicaid providers. When an analyst investigates a Referral and discovers that provider abuse exists, the analyst changes the status of the Referral to a Case.

This section also addresses the following sub-tasks associated with adding a Referral:

Referral Sub-tasks
Creating a Case from a Referral
Generating a Referral for Another Division
Creating a Medicaid Fraud Control Unit (MFCU) Referral
Updating Provider Information
Viewing Provider Information
Generating Letters
Adding Comments to a Referral

To add a Referral, do the following from the Main Interface screen (i.e., the screen you see after you log in):

- Click the Referral/Case menu.
- Click the Referrals option to select it.
- Click the Provider Look-up button to choose a provider; or, type the Provider number in the “Number” field and proceed to the next bullet item below.

If you clicked the Provider Look-up button:

- Do a general or specific query for the desired provider.
- Click on the desired provider to select it.
- Click the Select/Update Provider button.
- (Proceed to the next bullet item below.)

. *NOTE: For information on performing general or specific queries, refer to the “Performing Queries” section of Chapter 3.*

- Click in the “Received By” field and click the List icon on the toolbar to view a list of employee names; or, click the Me button if the Referral was received by you, and proceed to the next bullet item below.

If you clicked the List icon on the toolbar:

- Select the desired employee by clicking on it.
- Click the OK button.
- (Proceed to the next bullet item below.)

. *NOTE: The Find button allows you to quickly search for a name without having to scroll through the list of names to find it. For information on using the Find button in the List dialog box, refer to the “Performing Queries” section of Chapter 3, “Secondary Tasks”.*

- Click the drop-down arrow for the “Abuse Type” field and click on an abuse type to select it.
- Click the drop-down arrow for the Source “Type” and click on a source type to select it

- Click in the “Telephone”, “Source Name”, “Contact”, and “Location” fields and add information as applicable.
- Click the drop-down arrow for the “Disposition” field and click on a disposition to select it.
- Click the “From SURS?” field checkbox if the Referral came from SURS.
- Click in the SURS Run and SURS Search Date fields and add dates as applicable.
- Click the Save button on the toolbar to save the Referral.

Creating a Case from a Referral

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Do a query to pull up the desired Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Create Case button.
- Click OK on the pop-up box telling you to confirm that you want to create this Case. This will bring up a small pop-up box called Create Case from Referral; **or**, it will bring up a pop-up box telling you that this referral was already used to create a Case (see Figure 2-1 below). See below for instructions on handling either pop-up box.

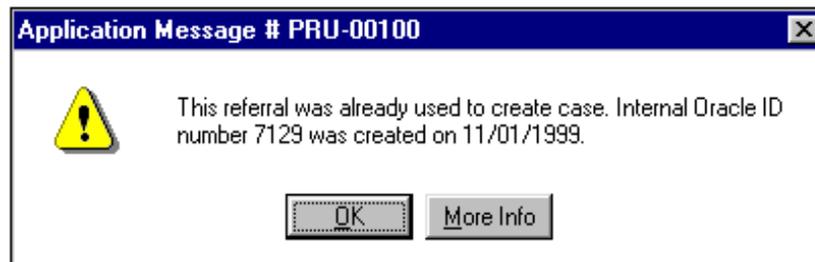


Figure 2-1. Case Already Exists Message.

If you get a message telling you this referral was already used to create a Case:

- Make note of the Oracle ID number referenced in the pop-up box (see Figure 2-1 above as an example).
- Click OK.
- Click the Exit icon on the toolbar.
- Click the Referral/Case menu.
- Click the Case Review option to select it.
- Click the Query icon on the toolbar.
- Type the Oracle ID number in the “Internal ID #” field.
- Click the Query icon to execute the query and bring up the existing Case.

If you get the Create Case from Referral pop-up box:

On the Create Case from Referral pop-up box, click the List of Values icon; **or**, type the Oracle ID of the person to whom you want to assign the case:

If you clicked the List of Values icon:

- Click on the name of the desired employee to select it.
- Click the OK button.
- (Proceed to the next bullet item below.)

If you typed the Oracle ID of the person:

- Click in the “Name” field to populate it with the name of the person whose Oracle ID you typed.
 - (Proceed to the next bullet item below.)
- Click the Continue button on the Create Case from Referral pop-up box.
 - Click OK on the pop-up box telling you that an Integrity Review Case has been opened from this Referral.
 - Click OK on the pop-up box telling you that the transaction was saved. (Doing this will take you to the Case Review screen.)

. NOTE: See the “Adding Cases” section of this chapter for information on using the Case Review screen.

Generating a Referral for Another Division

Sometimes it is appropriate for a division other than the Provider Review Unit to handle a Referral. To accommodate this fact, the PRU system lets you create a generic Referral form and fill in the name of the person to whom you want it to go.

. NOTE: To create a Referral for the MFCU, refer to the “Creating a Medicaid Fraud Control Unit (MFCU) Referral” section of this chapter.

To create a Referral form for another division:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Do a query to pull up the desired Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Gen Ref Form button on the Referral screen.
- On the Missing Address for Provider pop-up box, click Update Provider if you need to update Provider information before generating the referral; otherwise, click the Do Not Update button and skip to the next bullet item below.

If you clicked Update Provider:

- You will be taken to the Provider Maintenance form.
 - On the Provider Maintenance form, type the information you wish to update.
 - Click the Save icon on the toolbar.
 - Click the Exit button on the toolbar to return to the Referral Form Letter Generate pop-up box.
 - (Proceed to the next bullet item below.)
- Click once inside the “Who is Getting This Letter” field.
 - Type the name of the person receiving the letter in the “Who is Getting This Letter” field.
 - Click the Generate Referral Form button.
 - Go to the printer and retrieve the document.

Creating a Medicaid Fraud Control Unit (MFCU) Referral

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Do a query to pull up the desired Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the MFCU Referral button.

- Type the current date in the “Referred On” field and press **Enter** to advance to the “Referred By” field.
- Click the List icon on the toolbar to view a list of employee names; or, click the Me button if the Referral is being referred by you.

If you clicked the List icon on the toolbar:

- Select the desired employee by clicking on it.
- Click the OK button.

. NOTE: The Find button allows you to quickly search for a name without having to scroll through the list of names to find it. For information on using the Find button in the List dialog box, refer to the “Performing Queries” section of Chapter 3.

- Click the Save button on the toolbar to save the MFCU Referral. (Fill in the “Date Returned” and “Disposition” fields later as the information becomes available.)
- Click the Exit icon on the toolbar to return to the Referral form.

Updating Provider Information

You can update Provider information from several screens in the PRU system. The following instructions pertain to updating Provider information only from the Referral screen.

To update a Provider that is currently named on the Referral screen:

- Click the Provider Look-up button on the Referral screen.
- Click in the field for which you would like to change a piece of information.
- Press **Delete** (on the keyboard) as needed to delete existing letters/numbers.
- Type the new information.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Referral form.

To update any Provider from the Referral screen:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Click the Provider Look-up button on the Referral screen.
- Do a general or specific query for the desired provider.
- Click in the field for which you would like to change a piece of information.
- Press **Delete** (on the keyboard) as needed to delete existing letters/numbers.
- Type the new information.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Referral form.

. NOTE: For information on performing general or specific queries, refer to the “Performing Queries” section of Chapter 3.

Viewing Provider Information

You can view Provider information from several screens in the PRU system. The following instructions pertain to viewing Provider information only from the Referral screen.

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.

- Do a query to pull up the desired Provider. (For information on how to perform a specific query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Provider Details button to view detailed Provider Information.
- Click OK to dismiss the Provider Information form when you have finished reviewing the details.

. *NOTE: You cannot change Provider information here; you can only view it.*

Generating Letters

Each referral has a predefined set of letters that can be generated in association with it. You can manually type and generate additional letters as needed.

To generate letters for a Referral:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Do a query to pull up the desired Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Generate Letters icon on the toolbar. (It is between the Create Case and Gen Ref Form buttons.)
- Click the Generate? button that corresponds to the letter you want to print. (The “Envelope?” checkbox is automatically checked for letters for which the system automatically prints corresponding envelopes.)
- On the Case/Other Letters pop-up box, type an appropriate date in the “Due” field if one is not shown.
- Type any comments in the “Comments about this Letter” field. (These comments do not show up in the letter itself; rather, they appear in the Correspondence Log for that Referral.)
- Click the Generate Letter button.
- Go to the printer to retrieve your letter.

Adding Comments to a Referral

You may occasionally want to associate some comments with a Referral. The PRU system provides a Comments button on the Referral screen for this purpose.

To add comments to a Referral:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Do a query to pull up the desired Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Comments button.
- Click once in the “Comments” field and type your comment(s).
- Click the Save and Exit icon.

Adding Cases

Provider Review Cases exist at one of two levels: Integrity Review (IR) or Full-scale Review (FS). All Cases start out as IRs. An IR becomes an FS at such time as it is discovered that overpayment to the Provider exceeds \$1,000. A Provider can have only ONE Case open at a time, but a single Case may have multiple Provider errors associated with it.

. *NOTE: To create a Case from an existing Referral, see the “Creating a Case from a Referral” section earlier in this chapter.*

This section also addresses the following sub-tasks associated with adding a Case:

Miscellaneous Subtasks
Indicating Amount of Overpayment
Requesting Medical Records
Indicating Allegation of Fraud
Indicating Allegations/Abuses
Indicating Case Review
Indicating Client Medical Management (CMM)
Adding Comments to a Case
Indicating Provider Payment Volume
Choosing Error Reasons (IR or FS)
MFCU Referral Subtasks
Creating/Updating a Medicaid Fraud Control Unit Referral
Indicating MFCU Date Returned
Indicating MFCU Disposition
Appeal Subtasks
Indicating an Appeal Request
Opening an Appeal
Indicating Informal Fact-finding Conference (IFFC) Date
Indicating Informal Fact-finding Conference (IFFC) Type
Indicating Informal Fact-finding Conference (IFFC) Disposition
Indicating Formal Hearing Dates
Indicating Circuit Court Dates
Indicating Circuit Court Disposition
Correspondence Subtasks
Generating Provider Letters
Generating Recipient Letters
Viewing/Updating Case Correspondence Logs
Logging Mail Dates for Manually Generated Correspondence
Adding Manually Generated Letters to the Correspondence Log
Closing/Re-opening Cases
Closing a Case (IR or FS)
Re-opening a Case (IR or FS)

Opening an Integrity Review (IR)

To add a Case as an IR using the Case Review screen:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Type the Provider number in the “Number” field; **or**, if you are unsure of the Provider number, do a query for the Provider’s name in the “Provider Name” field. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the “Case Source” field drop-down arrow and select a source.

. NOTE: If any required information is missing for the Provider you selected, the following pop-up box will appear when you click the Case Source field drop-down arrow:

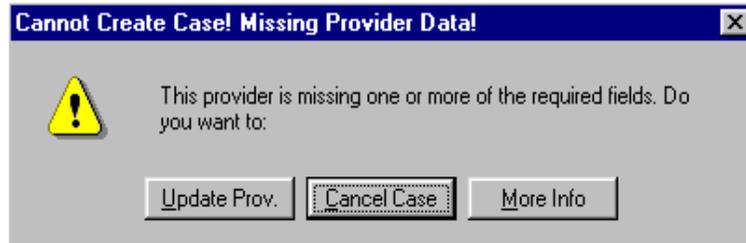


Figure 2-2. Cannot Create Case! Pop-up Box.

If the Cannot Create Case! pop-up box appears:

- Click the Update Prov. button to go to the PRU Provider Maintenance form.
- On the PRU Provider Maintenance form, type the required information (see table below for list) that is missing.

Required Fields on PRU Provider Maintenance Form
Provider Number
Provider Type
Provider Name
Complete Address
FIPS Code

- Click the Save icon on the PRU Provider Maintenance Form to save the information and close the form.
- Click the “Abuse Type” field drop-down arrow and select an abuse type.
- Click the “Fraud Alleged” checkbox if fraud is alleged.
- Type a date (MM/YYYY format) in the “SURS Date” field if the Case is associated with SURS.
- Click once in the “Case Assigned” field, and click the List icon on the toolbar.
- Select an employee name on the Active Case Review Analysts pop-up box and click OK.

If the Case was transferred from another analyst:

- Click the “Transferred” field checkbox.
- Click once in the “Transferred From” field, and click the List icon on the toolbar.
- Select an employee name on the Case Review Analysts pop-up box and click OK.
- Click in the “Transferred On” field and type the date on which the Case was transferred.

- Click in the “Annual Vol” field and type the amount Medicaid paid to this Provider in the last 12 months.
- Click in the “YTD Vol” field and type amount Medicaid has paid to this Provider this year, up to the current date.
- Click in the Integrity Review “Opened” field to populate it with today’s date.
- If you are ready to begin work on this IR, click in the “Initiated” date field and type today’s date. If you are not ready, leave this field blank and fill it in on the date you begin working on the Case.

. NOTE: The “Initiated” date field should show the date on which you actually begin work on the Case and may not be the same as the “opened” date.

If the Case has an allegation associated with it:

- Click in the “Allegation” field and type the applicable allegation.

If the Case has a review associated with it:

- Fill in the review-related date fields/checkboxes as appropriate.

If the Case has Client Medical Management (CMM) associated with it:

- Fill in “begin” and “end” date fields for CMM as appropriate.
- Click the “CMM Type” drop-down arrow and select a CMM type from the list.

- Click the Save icon on the toolbar to save the Case.

Opening a Full-scale (FS) Review

An Integrity Review becomes a Full-scale Review when overpayment is found to exceed \$1,000. All Full-scale Reviews are Integrity Reviews before they become Full-scale Reviews.

To open a FS Review:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the IR that you would like to open to Full-scale Review. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button at the top of the screen.
- Click the “Open to Full-scale Review” checkbox.
- Click OK.
- Click the Open Full-scale button on the Open a Full-scale Review pop-up form.
- Click OK on the pop-up that says, “This case has been successfully put in Open Full-scale Review status.”
- Click the Save icon on the toolbar.

Reverting to Integrity Review (from FS)

Once in a while you may need to turn a Full-scale Case back to Integrity Review status. The Case Function button on the Case Review screen provides this functionality.

To turn a FS Case back into an IR Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.

- Perform a query to bring up the FS Case that you would like to change back to IR status. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button.
- Click the “Revert to Integrity Review” checkbox.
- Click OK on the pop-up box telling you that the Case has been successfully reverted to IR status.

Indicating Overpayment Amounts

There are several types of “overpayment” associated with a case, and overpayment amounts for the different types of overpayment are established at different points in the provider review process.

Types of overpayment include all of the following:

- Estimated
- Established
- Non-ER Visit
- After Reconsideration
- After IFFC
- After Formal Appeal
- After Circuit Court Decision

To indicate any of the above types of overpayment for a Case, you must first find the Case. Follow the instructions below for finding the Case; then, proceed to the instructions for the type of overpayment you want to indicate.

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up Case for which you would like to indicate the overpayment amount. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Skip to the subsection below for the type of overpayment you wish to indicate (e.g., Estimated, Established, Non-ER visit, After Reconsideration, After IFFC, After Formal Appeal, or After Circuit Court).

Estimated

After you have found the desired Case, do the following to indicate the After Formal Appeal Overpayment amount and date. If you are not sure how to find the desired Case, refer to the beginning of this subsection (under Indicating Overpayment Amounts, above).

- With the desired Case on your screen, click the Overpayment tab.
- On the Overpayment tab (shown in part in Figure 2-2a below), choose a timeframe from the “Estimated Overpayment” dropdown list field.

Case Review	Overpayment	Appeal	Circuit Court	Medical Record Requests	On-site Recipients
					Prov. Detail
Overpayment Internal ID #:	<input type="text"/>	Case Internal ID #:	<input type="text"/>		
Case #:	<input type="text"/>	Provider Name:	<input type="text"/>		
Provider #:	<input type="text"/>	Provider SSN:	<input type="text"/>		
Prov. Type:	40	Prov. Spec.:	78		
Estimated Overpayment		<input type="text" value="6 months"/>	Amount	Date	
		<input type="text" value="01/2005"/>	<input type="text" value="06/2005"/>	<input type="text"/>	<input type="text"/>

Figure 2-2a. Top Portion of Overpayment Tab Showing Estimated Overpayment Fields.

- In the first field under the “Estimated Overpayment” field, type the starting month and year (**MM/YYYY**) for the overpayment date range date range. (You must use **MM/YYYY** format.)
- Then, press the Enter key on your keyboard. Doing so will automatically populate the next field with the month and year that correspond to both the time frame you chose (e.g., 6 months, 12 months, etc.) and the month and year you entered in the first field. Figure 2-2a above shows that the user entered 01/2005 in the first box and that 06/2005 appeared in the second box when the user pressed the Enter key.
- In the “Amount” column (to the right of “Estimated Overpayment,” type the amount of the estimated overpayment.
- To the right of the amount, type the date of the Estimated Overpayment (using **MM/DD/YYYY** format).
- Click the Save icon on the toolbar.

Established

After you have found the desired Case, do the following to indicate the After Formal Appeal Overpayment amount and date. If you are not sure how to find the desired Case, refer to the beginning of this subsection (under Indicating Overpayment Amounts, above).

- With the desired Case on your screen, click the Overpayment tab.
- On the Overpayment tab (shown in part in Figure 2-2b below), choose a timeframe from the “Established Overpayment” dropdown list field.

The screenshot shows the 'Overpayment' tab with the following fields:

- Case Review | **Overpayment** | Appeal | Circuit Court | Medical Record Requests | On-site Recipients
- Prov. Detail button
- Overpayment Internal ID #: [] Case Internal ID #: []
- Case #: [] Provider Name: []
- Provider #: [] Provider SSN: []
- Prov. Type: 40 Prov. Spec.: 78

Estimated Overpayment	Amount	Date
6 months 01/2005 06/2005	\$340.00	02/12/2005
Established Overpayment		
6 months 02/2005 07/2005		

Figure 2-2b. Top Portion of Overpayment Tab Showing Established Overpayment Fields.

- In the first field under the “Established Overpayment” field, type the starting month and year (MM/YYYY) for the overpayment date range date range. (You must use MM/YYYY format.)
- Then, press the Enter key on your keyboard. Doing so will automatically populate the next field with the month and year that correspond to both the time frame you chose (e.g., 6 months, 12 months, etc.) and the month and year you entered in the first field. Figure 2-2b above shows that the user entered 02/2005 in the first box and that 07/2005 appeared in the second box when the user pressed the Enter key.
- In the “Amount” column (to the right of “Established Overpayment,” type the amount of the established overpayment.
- To the right of the amount, type the date of the Established Overpayment (using MM/DD/YYYY format).
- Click the Save icon on the toolbar.

Non-ER Visits

After you have found the desired Case, do the following to indicate the After Formal Appeal Overpayment amount and date. If you are not sure how to find the desired Case, refer to the beginning of this subsection (under Indicating Overpayment Amounts, above).

- With the desired Case on your screen, click the Overpayment tab.
- In the lower portion of the screen (shown in Figure 2-2c below), type the dollar amount of the non-ER visit overpayment in the “Amount” field for “Non-ER Visits Overpayment” (see Figure 2-2c below).

Estimated Overpayment	Amount	Date
6 months 01/2005 06/2005	\$340.00	02/12/2005
Established Overpayment		
6 months 02/2005 07/2005	\$300.00	02/21/2005
Non ER Visits Overpayment	\$987.00	02/25/2005

Figure 2-2c. Non-ER Visits Overpayment Amount and Date Fields.

- To the right of the amount, type the date of the non-ER Visits Overpayment (using MM/DD/YYYY format).
- Click the Save icon on the toolbar.

After Reconsideration

After you have found the desired Case, do the following to indicate the After Formal Appeal Overpayment amount and date. If you are not sure how to find the desired Case, refer to the beginning of this subsection (under Indicating Overpayment Amounts, above).

- With the desired Case on your screen, click the Overpayment tab.
- In the lower portion of the screen (shown in Figure 2-2d below), type the dollar amount of the After Reconsideration overpayment in the “Amount” field for “After Reconsideration Overpayment” (see Figure 2-2d below).

	<u>Amount</u>	<u>Date</u>
Estimated Overpayment 6 months 01/2005 06/2005	\$340.00	02/12/2005
Established Overpayment 6 months 02/2005 07/2005	\$300.00	02/21/2005
Non ER Visits Overpayment	\$987.00	02/25/2005
Overpayment After Reconsideration	\$840.00	02/25/2005

Figure 2-2d. Overpayment After Reconsideration Amount and Date Fields.

- To the right of the amount, type the date of the After Reconsideration Overpayment (using MM/DD/YYYY format).
- Click the Save icon on the toolbar.

After IFFC

After you have found the desired Case, do the following to indicate the After Formal Appeal Overpayment amount and date. If you are not sure how to find the desired Case, refer to the beginning of this subsection (under Indicating Overpayment Amounts, above).

- Click the Appeal tab.
- Type the dollar amount in the “Overpayment After IFFC Amount” field, located to the right of the Informal Conference section and shown in Figure 2-2e below.

Overpayment After IFFC Amount

\$880.00

Figure 2-2e. Overpayment IFFC Amount Field.

- Click the Save icon on the toolbar.

After Formal Appeal

After you have found the desired Case, do the following to indicate the After Formal Appeal Overpayment amount and date. If you are not sure how to find the desired Case, refer to the beginning of this subsection (under Indicating Overpayment Amounts, above).

- Click the Appeal tab.
- Type the dollar amount in the “Overpayment After Formal Appeal / Amount” field, located to the right of the Formal Hearing section and shown in Figure 2-2f below.
- Type the date (using MM/DD/YYYY format as shown in Figure 2-2f below) in the “Overpayment After Formal Appeal / Date” field.

Overpayment After Formal Appeal	
Amount	Date
\$987.00	02/19/2005

Figure 2-2f. Overpayment After Formal Appeal Amount and Date Fields.

- Click the Save icon on the toolbar.

After Circuit Court Decision

After you have found the desired Case, do the following to indicate the After Circuit Court Decision Overpayment amount and date. If you are not sure how to find the desired Case, refer to the beginning of this subsection (under Indicating Overpayment Amounts, above).

- Click the Circuit Court tab (shown in Figure 2-2g below).

Case Review	Overpayment	Appeal	Circuit Court	Medical Record Requests	On-site Recipients
Prov. Detail					
Appeal Internal ID #:		Case Internal ID #:			
Case #:		Provider Name:			
Provider #:		Provider SSN:			
Pri. Phone:		Alt. Phone:			
IRS #:		Date Appeal Received:	11/19/2003		
< Circuit Court >			<input type="checkbox"/> Circuit Court	Circuit Court Request Date:	01/22/2006
Circuit Court Disposition:				Court Date:	
				Overpayment After Circuit Court Amount	Overpayment After Circuit Court Date
				\$855.00	02/23/2005

Figure 2-2g. Overpayment After Circuit Court Amount and Date Fields.

- Type the dollar amount in the “Overpayment After Circuit Court / Amount” field (shown above).
- Type the overpayment date in the “Overpayment After Circuit Court Date / Date” field (using MM/DD/YYYY format as shown above).
- Click the Save icon on the toolbar.

Requesting Medical Records

The process of determining the appropriateness of moneys paid to a Provider involves reviewing the medical records of a Recipient to whom the Provider rendered medical services. Discrepancies between Provider claims and Recipient records signal the possibilities of overpayment and Provider abuse. You must do a medical records request for a Recipient whose medical records you want to review.

To request medical records:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to request a Recipient’s medical records. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Medical Record Requests tab.
- Click the Recip. Look-up button (at the top-right on the screen, just below the tabs).
- Perform a query to find the Recipient whose medical records you would like to request. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click once on the desired Recipient record to highlight it.
- Click the Select Recipient button.
- Click OK on the Medical Record Request for the Above Entry pop-up box.
- Click Yes on the pop-up that asks if you want to save the changes you have made.
- Click OK on the pop-up that tells you your changes have been saved.

① *NOTE: The Medical Record Request pop-up form does not retain a history of the Recipients whose medical records you have requested in connection with a Provider. Each time you request Recipient medical records, the name of the last Recipient for whom you requested records (in connection with that Provider) is overwritten.*

Indicating Allegation of Fraud

When there is an allegation of fraud associated with a Provider, you should indicate this by clicking the “Fraud Alleged” checkbox on the Case Review screen.

To indicate an allegation of fraud:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to indicate an allegation of fraud. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the “Fraud Alleged” checkbox.
- Click the Save icon on the toolbar.

Indicating Allegations/Abuses

You need to indicate an allegation or abuse that is associated with a Case, but keep in mind that not every Case will have an allegation or abuse associated with it. In general, an abuse represents a billing or other error of some kind that results in unintentional misuse of the Medicaid Program. An allegation indicates that a Provider is (or is suspected of) willfully defrauding the Medicaid Program in some manner.

To indicate allegations/abuse types:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to indicate an allegation or abuse type. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)

To indicate an allegation:

- Click once in the Allegation field and type the allegation.

To indicate an abuse type:

- Click the drop-down arrow for the “Abuse Type” field.
 - Click an abuse type to select it.
- Click the Save icon on the toolbar.

Indicating Case Review

Designate a Case for on-site review of associated records when overpayment is expected to exceed \$3,000. Indicate the date on which the on-site review will take place. If a prior review was conducted, indicate the date on which it occurred. Mark a Case for re-review as necessary.

To indicate Case review information:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to indicate review information. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)

To indicate on-site review:

- Click the “On-site Review?” checkbox.
- Click once in the “Date” field and type the on-site review date.

To indicate a prior review:

- Type the date of the prior review in the “Prior Review Date” field.

To indicate re-review:

- Click the “Re-Review?” checkbox.
- Click the Save icon on the toolbar.

Indicating Client Medical Management (CMM)

When a Provider is found to have provided services that are excessive, medically unnecessary, or of a quality that does not meet professionally recognized standards of care, the Department of Medical Assistance Services may impose Client Medical Management restrictions on that Provider. For additional information on the Client Medical Management Program, see Appendix B of this manual.

To indicate Client Medical Management for a Provider:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to designate Client Medical Management restrictions. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click once in the Client Medical Management “begins” field and type the date on which CMM begins; then press **Enter**.
- Type the date on which CMM ends in the “ends” field.
- Click the drop-down arrow for the “CMM Type” field and click the desired type to select it.

- Click the Save icon on the toolbar.

Adding Comments to a Case

You may occasionally have comments of some kind that you want to associate with a particular Case. The PRU system provides a convenient means for you to do this as needed.

To add comments to a Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to add comments. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Comments button.
- Click the first empty row in the Comments column and type your comments.
- Click the Save and Exit button in the Case Review Comments pop-up box.

. NOTE: When you have added a comment to a Case, the PRU system automatically places a checkmark in the checkbox beside the Comments button (on the Case Review form).

Indicating Provider Payment Volume

You may need to indicate annual and/or year-to-date (YTD) Provider payment volume sometime after you have added a Case to the system.

To add annual or YTD Provider payment volume:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to add annual or YTD payment volume. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)

To add annual volume:

- Click in the “Annual Vol” field and type the dollars and cents; then press **Enter**.
- Click the Save icon on the toolbar.
- (Proceed to the next bullet item, or refer to the “To add YTD volume” subsection below.)

To add YTD volume:

- Click in the “YTD Vol” field and type the dollars and cents; then press **Enter**.
- Click the Save icon on the toolbar.

- Click the Exit button to exit the Case Review form.

Choosing Error Reasons

Error reasons indicate Provider actions or practices that caused the Provider to be overpaid by Medicaid. The list of error reasons is lengthy and covers a range of issues from simple errors in claims submission procedures to unapproved hospital stays. Choose an error reason(s) when you know what caused the overpayment situation with the Provider.

To choose an error reason:

For an IR Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the IR Case for which you would like to select an error reason(s). (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- In the Integrity Review section of the screen, click the Error Reason button to go to the Current Case Review Error Reasons form.
- On the Current Case Review Error Reasons form, make sure the cursor is in the first empty field in the left column of the Integrity Review rows. This is especially important if you are adding an error reason to an existing list of reasons for a particular Case (see Figure 2-3 below).

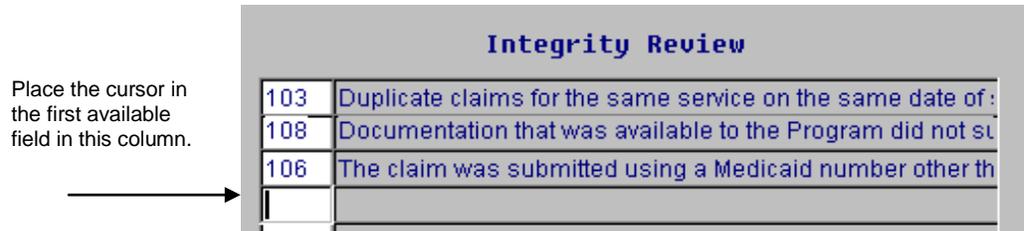


Figure 2-3. Cursor Placement.

- Click the List icon on the toolbar.
- Scroll to the desired reason and click on it to highlight it; then click the OK button.
- Click the Save icon on the Current Case Review Error Reasons form.
- Click the Exit icon to return to the Case Review screen.

. *NOTE: For information on using the Find button on the Error Reasons form, see the “Performing Queries” section of Chapter 3. The Find button enables you to quickly find the reason you want without having to scroll through the whole list to find it.*

For an FS Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the FS Case for which you would like to select an error reason(s). (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- In the Full Scale section of the screen, click the Err. Rsn. button to go to the Current Case Review Error Reasons form.
- On the Current Case Review Error Reasons form, make sure the cursor is in the first empty field in the left column of the Full Scale rows (see Figure 2-3 above.) This is especially important if you are adding an error reason to an existing list of reasons for a particular Case.
- Click the List icon on the toolbar.
- Scroll to the desired reason and click on it to highlight it; then click the OK button.
- Click the Save icon on the Current Case Review Error Reasons form.
- Click the Exit icon to return to the Case Review screen.

. *NOTE: For information on using the Find button on the Error Reasons form, see the “Performing Queries” section of Chapter 3. The Find button enables you to quickly find the reason you want without having to scroll through the whole list to find it.*

Creating/Updating a Medicaid Fraud Control Unit (MFCU) Referral

You will create an MFCU Referral to refer a Case to the Medicaid Fraud Control Unit (MFCU) when you suspect that the Provider is guilty of defrauding the Medicaid Program. Be sure to discuss the suspicious elements of the Case with your supervisor before making the MFCU Referral.

You can create an MFCU Referral only from the Case Review screen. You can update an existing MFCU Referral from the Referral/Case menu on the Main Interface screen.

To create an MFCU Referral from the Case Review Screen:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to make an MFCU Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the MFCU Referral button on the bottom of the screen.
- Type a date in the “Referred On” field and press **Enter**.
- Click the Me button if you are making the referral. Otherwise, click the List button on the toolbar.

If you clicked the List button:

- On the PRU Workers pop-up box, click once on the name of the desired employee.
- Click OK.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Case Review screen.

To update an exiting MFCU Referral from the Case/Referral menu on the Main Interface:

- From the Main Interface screen, click the Referral/Case menu.
- Click the MFCU Referrals option to select it.
- Perform a query to bring up the MFCU Referral you would like to update. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Make the desired updates.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Indicating MFCU Date Returned

You need to log the date on which the Medicaid Fraud Control Unit returned the outcome for an MFCU Referral.

There are two ways to enter the MFCU Referral return date: from the Case Review screen and from the Referral/Case menu on the Main Interface. The former method is more useful when you already have the desired Case on the screen; the latter is more useful when you need to access a Case for the express purpose of logging the date of the outcome.

To indicate an MFCU Referral return date from the Case Review Screen:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to indicate the return date for the MFCU Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the MFCU Referral button on the bottom of the screen.
- Click once in the “Date Returned” field and type the date.

- Click the Save icon on the toolbar.
- Click the Exit button on the toolbar to return to the Case Review screen.

To indicate an MFCU return date from the Referral/Case menu on the Main Interface:

- From the Main Interface screen, click the Referral/Case menu.
- Click the MFCU Referrals option to select it.
- Perform a query to bring up the MFCU Referral for which you would like to indicate the return date. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click in the “Date Returned” field and type the date.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Indicating MFCU Disposition

You need to log the disposition, or outcome, that the Medicaid Fraud Control Unit returns on an MFCU Referral.

There are two ways to enter an MFCU Referral disposition: from the Case Review screen and from the Referral/Case menu on the Main Interface. The former method is more useful when you already have the desired Case on the screen; the latter is more useful when you need to access a Case for the express purpose of logging the associated MFCU Referral’s outcome.

To indicate an MFCU Referral disposition from the Case Review Screen:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to indicate the disposition of the MFCU Referral. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the MFCU Referral button on the bottom of the screen.
- Click the drop-down arrow for the “Disposition” field.
- Click the desired disposition to select it.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Case Review screen.

Indicating an Appeal Request

A Provider may request an appeal if he or she believes that the Department of Medical Assistance Services has made an unfounded request for the repayment of funds. You need to indicate a Provider’s request for an appeal in the corresponding Case record.

To indicate that a Provider has made an appeal request:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to indicate that a Provider has made a request for an appeal. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the “Request for Appeal?” checkbox.
- Click the Save icon on the toolbar.

Opening an Appeal

When a Provider has initiated an appeal process in response to a DMAS finding or decision, you need to create an appeal for that Provider in the PRU system.

There are two ways to access the Appeal form – from the Case Review screen, and from the Main Interface using the Appeal option under the Referral/Case menu. You can open a new appeal only from the Case Review screen; you can use the Appeal option under the Referral/Case menu to update an existing appeal.

To open a new appeal from the Case Review screen:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to open an appeal. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Appeal button.
- Click in the “Date Received” field on the Case Appeals form to populate it with the current date.
- Click the drop-down arrow for the “Action Appealed” field and click an action to select it.
- Click in the “Assigned To” field, and click the List icon on the toolbar if the Employee List pop-up does not appear.
- Click the desired employee name on the Employee List pop-up and click OK.
- Click in the “Documentation Mailed” field and type the appropriate date; then press **Enter**.
- Type an appropriate date in the “Summary Due” field and press **Enter**.
- Type an appropriate date in the “Revised Finding Date” field and click the Save icon on the toolbar.
- (Proceed to any or all of the subsections below to add informal fact-finding conference (IFFC) information, formal hearing information, or circuit court information. You may not know any of that information when you open the appeal.)

If you know the informal fact-finding conference (IFFC) information:

Do the following in the Informal Conf. Section of the Appeal form:

- Click in the “Date” field and type the date of the conference.
- Click the “IFFC Held” checkbox if the IFFC has been held.
- Click the radio button for the IFFC type (i.e., phone, in person, mail).
- Click the “IFFC Disposition” field drop-down arrow and click a disposition to select it.
- Click in the “Decision Date” field and type the date of the decision.
- Click the Save icon on the toolbar.
- Proceed to the Formal Hearing section, or click the Exit icon to return to the Case Review screen.

If you know the formal hearing information:

Do the following in the Formal Hearing section of the Appeal form:

- Click in the “Request Received Date” and type the date the request was received; then press **Enter**.
- In the “Formal Hearing Date” field, type the date of the formal hearing; then press **Enter**.
- In the “Hearing Officer Decision Date” field, type the date of the hearing officer’s decision; then press **Enter**.
- In the “Director Final Decision Date” field, type the date of the DMAS Director’s final decision.
- Click the “Formal Hearing Disposition” field drop-down arrow and click a disposition to select it.
- Click the Save icon on the toolbar.
- Proceed to the Circuit Court section, or click the Exit icon on the toolbar to return to the Case Review screen.

If you know the circuit court information:

Do the following in the Circuit Court section of the Appeal form:

- Click in the “Circuit Court” checkbox to indicate circuit court.
- Click in the “Circuit Court Request Date” field and type the date of the request.
- Click the “Circuit Court Disposition” field drop-down arrow and click a disposition to select it.
- Click in the “Court Date” field and type the court date.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Case Review screen.

To update an existing appeal from the Main Interface screen:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Appeal option to select it.
- Perform a query to bring up the desired appeal. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Make changes/updates.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

. NOTE: You can also use the Appeal button on the Case Review form to update an existing appeal.

Indicating Informal Fact-finding Conference (IFFC) Date

To add an IFFC date to an existing appeal:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Appeal option to select it.
- Click the Query icon on the Appeal screen toolbar.
- Click in the “Provider Name” field, and do a query for the name of the desired Provider. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- In the Informal Conf. section of the form, click in the “Date” field and type the date.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to exit the Appeal form.

Indicating Informal Fact-finding Conference (IFFC) Type

To indicate an IFFC type for an existing appeal:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Appeal option to select it.
- Click the Query icon on the Appeal screen toolbar.
- Click in the “Provider Name” field, and do a query for the name of the desired Provider. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- In the Informal Conf. section of the form, click the radio button beside the type of conference.
- Click the Save icon on the toolbar.
- Click the Exit icon to exit the Appeal form.

Indicating Informal Fact-finding Conference (IFFC) Disposition

To indicate an IFFC Disposition for an existing appeal:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Appeal option to select it.
- Click the Query icon on the Appeal screen toolbar.
- Click in the “Provider Name” field, and do a query for the name of the desired Provider. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- In the Informal Conf. section of the form, click the “IFFC Disposition” field drop-down, and click a disposition to select it.
- Click the Save icon on the toolbar.
- Click the Exit icon to exit the Appeal form.

Indicating Formal Hearing Dates

To indicate a formal hearing date for an existing appeal:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Appeal option to select it.
- Click the Query icon on the Appeal screen toolbar.
- Click in the “Provider Name” field, and do a query for the name of the desired Provider. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- In the Formal Hearing section of the form, click in the “Formal Hearing Date” field and type the date.
- Click the Save icon on the toolbar.

- Click the Exit icon to exit the Appeal form.

Indicating Circuit Court Request Dates

To indicate a circuit court request date for an existing appeal:

- Click the Case button in the middle of the Main Interface screen, or click the Case Review tab if you are already in the application.
- On the Case screen, click in the “Provider #” field, and do a query for the desired Provider. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
 - ◇ Alternatively, you may query on some other, more specific piece of information, such as the Internal ID #, if you know it.
- If you searched on Provider ID, use the “down” arrow on your keyboard to scroll to the desired Case for the Provider you just searched on. (See below for an explanation if this is not clear to you.) If you searched on Internal ID #, proceed to the next bullet point.
 - ◇ Explanation: When you query for a Provider number, *every* Case for that Provider will be returned by the database, so you have to arrive at the desired Case for that Provider before moving to the Circuit Court tab; otherwise, you will be adding Circuit Court date information for the right *Provider* but the wrong *Case*.
- With the desired Case on your screen, click the Circuit Court tab.
- On the Circuit Court screen, type the circuit court request date in the “Circuit Court Request Date” field.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface.

Indicating Circuit Court Dispositions and Disposition Dates

To indicate a circuit court disposition and disposition date for an existing appeal:

- Click the Case button in the middle of the Main Interface screen, or click the Case Review tab if you are already in the application.
- On the Case screen, click in the “Provider #” field, and do a query for the desired Provider. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
 - ◇ Alternatively, you may query on some other, more specific piece of information, such as the Internal ID #, if you know it.
- If you searched on Provider ID, use the “down” arrow on your keyboard to scroll to the desired Case for the Provider you just searched on. (See below for an explanation if this is not clear to you.) If you searched on Internal ID #, proceed to the next bullet point.
 - ◇ Explanation: When you query for a Provider number, *every* Case for that Provider will be returned by the database, so you have to arrive at the desired Case for that Provider before moving to the Circuit Court tab; otherwise, you will be adding Circuit Court date information for the right *Provider* but the wrong *Case*.
- With the desired Case on your screen, click the Circuit Court tab.
- On the Circuit Court screen, click the dropdown arrow for the “Circuit Court Disposition” field and choose a disposition.
- Type the circuit court disposition date in the “Court Date” field.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface.

Generating Provider Letters

To generate a Provider letter for an existing Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to generate a letter. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Generate Letters icon on the toolbar. (This icon is between the Case Function and Letter Date buttons at the top of the screen.)
- On the new screen that pops up, click once to put a checkmark in the “Envelope?” checkbox that corresponds to the letter you want to print – but only if you would like to print an envelope. (If there is already a checkmark in the “Envelope?” checkbox, do not click it.) If you do not want to print an envelope and the box is checked, click in the box to uncheck it.
- Click the Generate? Button for the letter you would like to generate. (The Generate? buttons are in a column along the left side of the screen, and they are not labeled individually.)
- On the PRU Employees box that pops up, click the name of the analyst that should appear on the letter; then click OK. (If the PRU Employees box does not pop up, just skip this step.)
- Fill in the requested information on whatever box pops up for the letter you selected. (Boxes will vary among letters because information required varies among letters.)
- Click the Generate Letter button on the pop-up box.
- When the letter appears on your screen, click the Print button at the top of the letter (on the right).
- Manually insert an envelope in the printer if you indicated that you want to print an envelope.

Generating Recipient Letters

You will occasionally need to generate an *Explanation of Medical Benefits (EOMB) letter* for a Medicaid recipient. This is the only recipient letter that the system generates.

To generate an EOMB letter:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Recipients option to select it.
- Perform a query for the Recipient for whom you would like to generate an EOMB letter. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Generate Letters icon. (This icon is between the Comments and Med. Rec. Req. buttons at the top of the screen.) Another screen will pop up when you do this.
- On the new screen that pops up, click once to put a checkmark in the “Envelope?” checkbox that corresponds to the EOMB letter – but only if you would like to print an envelope. (If there is already a checkmark in the “Envelope?” checkbox, do not click it.) If you do not want to print an envelope and the box is checked, click in the box to uncheck it.
- Click the Generate? button that corresponds to the EOMB letter in the grid. (This will be the first Generate? button in the column of Generate? buttons; it will be towards the top on the left side of the screen.)
- On the PRU Employees box that pops up, click the name of the analyst that should appear on the letter; then click OK. (If the PRU Employees box does not pop up, just skip this step.)
- Click in the “List the date of service in question...” field, and type the requested information.
- Click in the “Comments about this letter” field and type any comments you have about this letter or this Recipient. Text in this field does NOT show up in the letter.
- Click the Generate Letter button.
- When the letter appears on your screen, click the Print button at the top of the letter (on the right).
- Manually insert an envelope in the printer if you indicated that you want to print an envelope.

Viewing/Updating Case Correspondence Logs

You may occasionally want to view or update a list of the correspondence you have mailed in connection with a given Case. The PRU system provides a correspondence log for each Case so that you can do this as needed.

To view or update a correspondence log for a Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to view or update the correspondence log. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button.
- Click the “Go to Case Correspondence Log”.
- View and/or edit the log as needed, and click the Save icon on the toolbar to save any changes.
- Click the Exit icon on the toolbar to return to the Case Review form.
- Click OK on the Case Function pop-up box to dismiss it.

. NOTE: You can update the following fields on the Correspondence Log screen: “Notice Canceled”, “Received”, and “Comments”. Be sure to click the Save icon on the toolbar after making any updates.

Logging Mail Dates for Manually Generated Correspondence

You should log the mail dates for any Case letters that you generate outside of the PRU system.

To log mail dates for manually generated correspondence:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to log mail dates for manually generated correspondence. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Letter Date button.
- Click in the date field beside the appropriate letter and type the mail date.
- Click the Save icon on the toolbar.
- Click the OK button.

. NOTE: Letter dates that you add using the Letter Date button will not display in the Correspondence Log. You must add information about manually generated letters to the Correspondence Log separately. See “Adding Manually Generated Letters to the Correspondence Log” below.

Adding Manually Generated Letters to the Correspondence Log

In addition to begin able to view and edit a Correspondence Log for a Case, you can add information about a manually generated letter. This capability enables you to track all Case correspondence electronically in a single location.

Do the following to add a manually generated letter to the Correspondence Log:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the Case for which you would like to add information about a manually generated letter to the Correspondence Log. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button.
- Click the “Go to Case Correspondence Log” checkbox.
- Click in the “Notice Type” field in the first blank record (see Figure 2-4) in the Correspondence For This Case block of the screen; **or**, add a blank record if there is not one.

To add a blank record in the Correspondence For This Case block of the screen:

- Click anywhere in the Correspondence For This Case block.
- Click the Insert icon on the toolbar.
- Click in the “Notice Type” field for the new record.
- (Proceed to next bullet item below.)

Correspondence for This Case:		Sent On/		Produced By/	
Notice Type / How Produced	Produced	To:	Due	Received	Comments
<input type="radio"/> Manual <input type="radio"/> Generated <input type="checkbox"/> Notice Canceled	Who				

Figure 2-4. Blank record in the Correspondence For This Case Block.

“Who” Button

- With the cursor in the “Notice Type” field, click the List icon on the toolbar.
- Click on the desired letter and click OK.
- Click the “Who” button for the letter you are adding (see Figure 2-4 above).
- Click the appropriate radio button for the “What Type of Person is Getting the Letter” field.
- If the recipient of the letter is a Provider other than the Provider whose Case this is, click in the “Provider #” field; otherwise, click OK (and proceed to the next bullet item below).

If you clicked in the “Provider #” field:

- Type the first three numbers of the desired Provider number.
- Click the List icon on the toolbar.
- Click on the desired name.
- Click OK.
- Click in the “Due” field for the record you are adding and type the date when the response is due (if applicable).
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Case Review screen.

Closing a Case (IR or FS)

You will need to close a Case when some form of resolution has been obtained.

To close an IR Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the IR Case you would like to close. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button.
- Click the “Close this Case” checkbox.
- On the Close Case Finalization pop-up box, click the drop-down arrow and click a reason to select it.
- Type a date in the “Date to Close Case” field if a date other than the default (today’s date) is desired.
- Click the Close this Case button.
- To add a second reason, click in the first “IR Closed Reason” field in the second row (see Figure 2-5 below).



Figure 2-5. Cursor Placement and Drop-down Arrow.

- Click the drop-down arrow (see Figure 2-5 above) and click a reason to select it.
- Click the Save icon on the toolbar.

To close an FS Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the FS Case you would like to close. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button.
- Click the “Close this Case” checkbox.
- On the Close Case Finalization pop-up box, click the drop-down arrow and click a reason to select it.
- Type a date in the “Date to Close Case” field if a date other than the default (today’s date) is desired.
- Click the Close this Case button.
- To add a second reason, click in the first “Case Closed Reason” field in the second row (see Figure 2-5 above).
- Click the drop-down arrow (see Figure 2-5 above) and click a reason to select it.
- Click the Save icon on the toolbar.

Re-opening a Case (IR or FS)

You may occasionally need to re-open a Case that is closed.

To re-open an IR Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the IR Case you would like to re-open. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button.
- Click the “Re-open Case (closed by mistake)” checkbox.
- Click OK on the pop-up box asking you to confirm that you want to re-open the Case.
- Click OK on the pop-up telling you that the Case has been successfully re-opened.
- Click the Save icon on the toolbar.

To re-open an FS Case:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Perform a query to bring up the FS Case you would like to re-open. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Case Function button.
- Click the “Re-open Case (closed by mistake)” checkbox.
- Click OK on the pop-up box asking you to confirm that you want to re-open the Case.
- Click OK on the pop-up telling you that the Case has been successfully re-opened.
- Click the Save icon on the toolbar.

. NOTE: If the Provider for whom you are trying to re-open a Case already has another Case open, you will not be able to re-open the Case. Providers are permitted only one open Case at a time.

Adding Appeals

When a Provider has initiated an appeal process in response to a DMAS finding or decision, you need to create an appeal for that Provider in the PRU system.

Do the following to add a new appeal:

- From the Main Interface screen, click the Referral/Case menu and choose the Case Review option (or click the Case button on the Main Interface screen instead).
- Perform a query to bring up the Case for which you would like to open an appeal. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Click the Appeal tab.
- Click in the “Date Received” field on the Case Appeals form to populate it with the current date.
- Click the drop-down arrow for the “Action Appealed” field and click an action to select it.
- Click in the “Assigned To” field, and click the List icon on the toolbar if the Employee List pop-up does not appear.
- Click the desired employee name on the Employee List pop-up and click OK.
- Click in the “Documentation Mailed” field and type the appropriate date; then press **Enter**.
- Type an appropriate date in the “Summary Due” field and press **Enter**.
- Type an appropriate date in the “Revised Finding Date” field and click the Save icon on the toolbar.
- (Proceed to any or all of the subsections below to add informal fact-finding conference (IFFC) information, formal hearing information, or circuit court information. You may not know any of that information when you open the appeal.)

If you know the informal fact-finding conference (IFFC) information:

Do the following in the Informal Conference Section of the Appeal form:

- Click in the “Date” field and type the date of the conference.
- Click the “IFFC Held” checkbox if the IFFC has been held.
- Click the radio button for the IFFC type (i.e., phone, in person, mail).
- Click the “IFFC Disposition” field drop-down arrow and click a disposition to select it.
- Click in the “Decision Date” field and type the date of the decision.
- Click the Save icon on the toolbar.
- Proceed to the Formal Hearing section, or click the Exit icon to return to the Case Review screen.

If you know the formal hearing information:

Do the following in the Formal Hearing section of the Appeal form:

- Click in the “Request Received Date” and type the date the request was received; then press **Enter**.
- In the “Formal Hearing Date” field, type the date of the formal hearing; then press **Enter**.
- In the “Hearing Officer Decision Date” field, type the date of the hearing officer’s decision; then press **Enter**.
- In the “Director Final Decision Date” field, type the date of the DMAS Director’s final decision.
- Click the “Formal Hearing Disposition” field drop-down arrow and click a disposition to select it.
- Click the Save icon on the toolbar.
- Proceed to the Circuit Court section, or click the Exit icon on the toolbar to return to the Case Review screen.

If you know the circuit court information:

Do the following in the Circuit Court section of the Appeal form:

- Click in the “Circuit Court” checkbox to indicate circuit court.
- Click in the “Circuit Court Request Date” field and type the date of the request.
- Click the “Circuit Court Disposition” field drop-down arrow and click a disposition to select it.
- Click in the “Court Date” field and type the court date.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Case Review screen.

Updating Appeals

To update an existing appeal, do the following from the Main Interface screen:

- From the Main Interface screen, click the Case button (or click the Case/Referral menu and choose the Case Review option) .
- Perform a query to bring up the Case. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- With the desired Case on your screen, click the Appeal tab (shown in Figure 2-6 below).
- Make the desired changes/updates.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

NOTE: You can also use the Appeal tab from within the application to update an existing appeal. The Appeal tab is shown in the figure below:

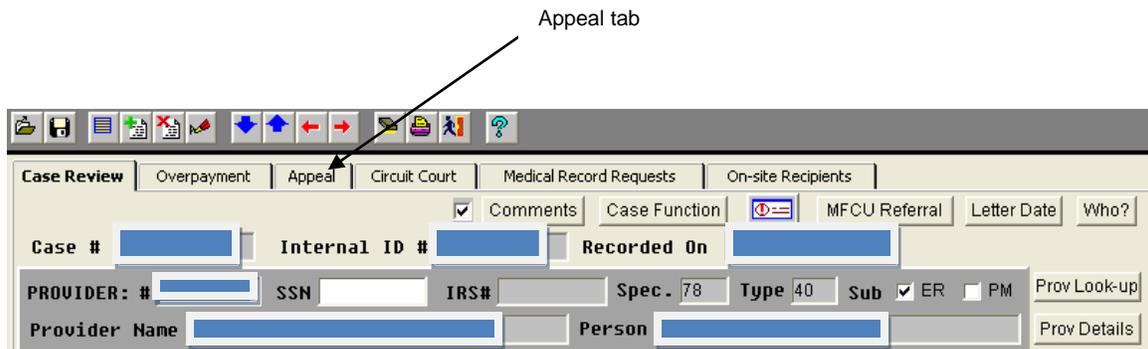


Figure 2-6. Appeal Tab.

Adding Provider Attorney Information

A Provider may secure the services of an attorney as part of the process of challenging a finding or decision of the Department of Medical Assistance Services. You should add attorney information for a Provider as soon as you become aware of it.

Do the following to add attorney information for a Provider:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Providers option to select it.
- Click in the “Name” field in the Counsel section of the Provider Maintenance form; then type the first name of the attorney and press **Enter**.
- Type the attorney’s middle initial and press **Enter**.
- Type the attorney’s last name.
- Click the drop-down arrow for the “Title” field and click on a title to select it.
- Click in the first “Address” field and type the street address (and suite, if applicable); then press **Enter**.
- Type the city and press **Enter**.
- Type the state (if different from VA) and press **Enter**.
- Type the zip code and click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Chapter 3: Secondary Tasks

This chapter addresses secondary tasks associated with using the PRU system to perform Medicaid provider review activities. Chapter 2, “Primary Tasks,” addresses the main business tasks associated with tracking PRU Cases.

Secondary tasks include the following:

- Performing Queries

- Generating and Printing Reports

- Updating Provider Information

- Re-assigning Cases

- Viewing Lists of Overdue Responses to Correspondence

- Viewing/Editing Correspondence Logs

- Following up on Correspondence

Performing Queries

When you perform a query, you are telling the PRU database to look for and retrieve a record that meets the search criteria you specified. Queries are an essential part of using the PRU system because Case activity occurs over a period of time. Whenever you receive new information for or about a Case, you need to perform a query in order to find and update it.

There are lots of reasons to perform queries, and many of them have nothing to do with updating Cases. For example, the Query menu in PRU provides functionality specifically for querying on Provider Case histories, Provider referral histories, and overdue notices.

Read this section to learn how and when to do different types of queries to review and/or update information. You will regularly need to perform some type of query in the PRU system, so it is important that you learn how to use queries effectively.

Types of Queries

Following are all the types of queries you can do in the PRU system, an explanation of how and when to do each one, and a corresponding example.

Table 3-1 below refers you to specific queries on the basis of what information you have and what you need to find. Note that Table 3-1 addresses only some of the more likely query scenarios and is not intended to be comprehensive.

With this information:	To find a/an:	Use this query:	On this screen or form:
Provider name	Referral Case Appeal MFCU Referral Referral history Case history	Specific Query	Referral (for referrals) Case Review (for Cases) Appeal (for appeals) MFCU Referral (for MFCU referrals) Referrals (for referral history, under Query menu) Provider Activity (for Case history, under Query menu)
Uncertain spelling of Provider name	Referral Case Appeal* MFCU Referral Referral history* Case history*	Wildcard Query <u>or</u> Sound-based List Query	Referral (for referrals) Case Review (for Cases) Appeal (for appeals) MFCU Referral (for MFCU referrals) Referrals (for referral history, under Query menu) Provider Activity (for Case history, under Query menu)
Provider number	Referral Case Appeal MFCU Referral Referral history Case history	Specific Query	Referral (for referrals) Case Review (for Cases) Appeal (for appeals) MFCU Referral (for MFCU referrals) Referrals (for referral history, under Query menu) Provider Activity (for Case history, under Query menu)
Approximate date that you added the item to the system	Referral Case MFCU Referral	Date Range Query	Referral (for referrals) Case Review (for Cases) MFCU Referral (for MFCU referrals)
List box item name	List box item in a long list	“Find” Button Query	Any list box form
Sent or due date for notice	Overdue correspondence	Specific Query	Overdue Notices (under Query menu)

Table 3-1. Query Reference Table.

*Sound-based List query does not apply.

Specific Query

Perform a Specific Query when you know at least one piece of information that is in the record you want to find. This information can be a specific date, a Provider number, a Provider name, a Social Security Number, an overpayment amount, a Case source, or anything else that belongs to a “*queriable*” field.

Do the following to execute a Specific Query:

- Go to the screen or form on which you want to perform the query.
- Click the Query icon on the toolbar.
- Type the known piece of information in the appropriate field.
- Click the Query icon to execute the query.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record if more than one record is returned.

3 Specific Query Example:

Richard wants to find a Case for a Provider whose Social Security Number is 221-45-1667. Richard should do the following

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Click the Query icon on the toolbar.
- Type 221-45-1667 in the “SSN” field.
- Click the Query icon to execute the query.

General Query

Perform a General Query when you want to access a nonspecific record(s) of a particular type. For example, you could perform a General Query on the Case Review screen if you wanted to see the format and number of digits in a Provider number. You can perform a General Query on any screen or form that has a Query icon on the toolbar.

Do the following to execute a General Query:

- Go to the screen or form on which you want to perform the query.
- Click the Query icon on the toolbar.
- Click the Query icon a second time.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results as needed.

3 General Query Example:

Steve wants to see if PRU records both the time of day and the date that a user adds a new Referral to the system. Steve should do the following:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Click the Query icon on the toolbar.
- Click the Query icon a second time.
- Look at the “Recorded On” field for the current record to see whether time of day was recorded along with the date on which the user added the referral.

Date Range Query

Perform a Date Range Query when you want to find a Case, Referral, or MFCU Referral that was entered in the PRU system on an uncertain date between two specific dates. On screens where Date Range Queries are possible, a second date field appears beside a queryable date field when you put PRU in *query mode* (see Figure 3-2 below, taken from the Case Review screen after the PRU system was put into query mode).



Figure 3-2. Date Range Query Fields.

Query mode adds a second date field, indicating that a Date Range Query is possible on that date field.

Do the following to execute a Date Range Query:

- Go to the screen or form on which you want to perform the query.
- Click the Query icon on the toolbar.
- Type the date range in the appropriate date range field as indicated below:
 - Case Review screen: “Recorded On” date range fields
 - Referral screen: “Received On” date range fields
 - MFCU Referral: “Referred On” date range fields
- Click the Query icon to execute the query.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record if more than one record is returned.

3 Date Range Query Example:

Karen wants to find a Referral that she received sometime in October of 1999. Karen should do the following:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Referrals option to select it.
- Click the Query icon on the toolbar.
- Type 10/01/1999 and 10/31/1999 in the “Received On” date range fields.
- Click the Query icon to execute the query.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record if more than one record is returned.

Wildcard Query

Wildcard Queries allow you to query on partial or uncertain pieces of information by permitting substitute characters, or wildcards, to be used in place of those parts of the query data that you do not know. For example, Wildcard Queries are useful when you are uncertain of the spelling of a Provider name, when you know only some of the digits in a Provider number, or when you know only part of an address or phone number. Wildcard Queries are useful any time you know only a portion of a piece of queryable information.

Table 3-3 below explains the two PRU system wildcards and how to use them.

Wild Character	Explanation	How to Use	Examples of Usage	Example of Results
_	<p>This wild character is an underscore (_), not a dash.</p> <p>To create an underscore, press Shift + underline. (The underline key is above and to the right of “P” on your keyboard.)</p>	<p>In the pattern, the underscore (_) matches <u>exactly one</u> character in the search criteria.</p> <p>Use the underscore when you are sure of all characters in the search criterion except <u>one</u>. (See the example in the next column.)</p>	<p>You want to find a Case for a Provider whose last name is spelled either Andersen or Anderson.</p> <p>To find this Case, you would go to the Case Review screen and click the Query icon on the toolbar. Then you would type the following into the “Provider Name” field and click the Query icon to execute the query:</p> <p style="text-align: center;">Anders_n</p>	<p>Anders_n would return all of the following:</p> <ul style="list-style-type: none"> • Bart Andersen, D.D.S. • Joe Andersen, M.D. • Renee Anderson, Ph.D. • Robert Anderson, M.D • Dr. Zelda Anderson <p>(NOTE: The above query results are examples only, and it is by coincidence if their names are present in the PRU system database.)</p>
%	<p>This wild character is a percent sign.</p> <p>To create a percent sign, press Shift + 5.</p>	<p>In the pattern, the percent sign (%) matches <u>zero or more</u> characters.</p> <p>Use the percent sign when you are not sure if your search criteria is missing any characters or when you know that your search criterion is missing at least one character and maybe more. (See the example in the next column.)</p>	<p>You want to find a Referral for which the first name of the referring source is Bill, Billy, or Billyboy.</p> <p>To find this Referral, you would go to the Referral screen and click the Query icon on the toolbar. Then you would type the following into the “Source Name” field and click the Query icon to execute the query:</p> <p style="text-align: center;">Bill%</p>	<p>Bill% would return all of the following:</p> <ul style="list-style-type: none"> • Billie Hart • Bill Davidson • Bill Easterly • Bill Gates • Billy Stephens • Billyboy Sparks <p>(NOTE: The above query results are examples only, and it is by coincidence if their names are present in the PRU system database.)</p>

Table 3-3. Wildcards.

Do the following to execute a Wildcard Query:

- Go to the screen or form on which you want to perform the query.
- Click the Query icon on the toolbar.
- Type the query information/wildcard into the field on which you want to perform the query.
- Click the Query icon to execute the toolbar.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record.

3 Wildcard Query Example:

Dave wants to find a recipient whose mailing address is in some city in Virginia that starts with an “H” and ends in an “RG”. Dave should do the following:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Recipients option to select it.
- Click the Query icon on the toolbar.
- Type H%RG in the third “Mailing Address” field.
- Click the Query icon to execute the query.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record if more than one record is returned.

Sound-based List Query

Sound-based List Queries allow you to retrieve names that “sound like” the whole or partial last name you type in the “Person Name” field on the Referral screen, the Case Review screen, the MFCU Referral screen, or the Provider Maintenance form. This means you can find a Provider without being certain of his or her last name.

Methods for performing Sound-based List Queries differ slightly between the screens and the Provider Maintenance form. Be sure to refer to the set of instructions (below) that meets your needs.

Do the following to perform a Sound-based List query on the Referral, Case Review, or MFCU Referral screen:

- Click the Query icon on the toolbar.
- Click the “Sound-based List?” checkbox
- Click in the “Person Name” field and type a whole or partial last name.
- Click the List icon on the toolbar.
- Click on the desired name on the Providers Based on Sound of Person’s Name pop-up box.
- Click OK.
- Click the Query icon on the toolbar to execute the query.

Do the following to perform a Sound-based List Query on the Provider Maintenance form:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Providers option to select it.
- Click the Query icon on the toolbar.
- Click the “Sound Alike Last Name?” checkbox.
- Click in the “Prov. Person (Last) Name” field, and type the whole or partial last name.
- Click the Query button on the toolbar to execute the query.
- Scroll through the returned records as needed.

3 Sound-based List Query Example:

John wants to find a Case for a Provider whose last name he cannot completely remember. He knows that the last name starts with an “M” and sounds something like “Magoo” or “McHugh”. John should do the following:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Review option to select it.
- Click the Query icon on the toolbar.
- Click the “Sound-based List?” checkbox

- Click in the “Person Name” field and type something like “Mag” or “Mcg”, or just “M”.
- Click the List icon on the toolbar.
- Click on the desired name on the Providers Based on Sound of Person’s Name pop-up box.
- Click OK.
- Click the Query icon on the toolbar to execute the query.

“Find” Button Query (on List of Values Forms)

Use the “Find” Button Query when you have accessed a List of Values and do not want or need to scroll through the entire list of possible values. For example, if you access a List of Values for Providers and need the name of a Provider whose last name starts with “Ra”, you will want to perform a “Find” Button Query to avoid scrolling all the way down the list to Provider last names starting with “Ra”. (Lists of Values are alphabetized.)

Read the “Wildcard Query” subsection of this chapter before proceeding with this subsection if you are not sure how to use wildcards in a search.

. NOTE: For additional information on using Lists of Values, see the Chapter 1 subsection, “Lists of Values”.

Do the following to perform a “Find” Button Query on a List of Values form:

- On the List of Values form, type in the “Find” field what you know of the name or item you need in the list. Be sure to type what you know before or after the “%” sign as appropriate. (See the “Wildcard Query” subsection of this chapter if you are unsure how to determine this.)
- Click the “Find” button on the List of Values form.
- Click on the desired name or item. (You may still need to scroll to it.)
- Click the OK button to select the desired name or item and dismiss the form.

3 “Find” Button Query Example:

Dana wants to find a Provider whose last name starts with “Pe”. She should do the following on the List of Values for Provider names:

- Type “Pe” in front of the “%” sign in the “Find” field (see Figure 3-4 below).
- Click the “Find” button.
- Click the desired name.
- Click the OK button to select the desired name and dismiss the form.

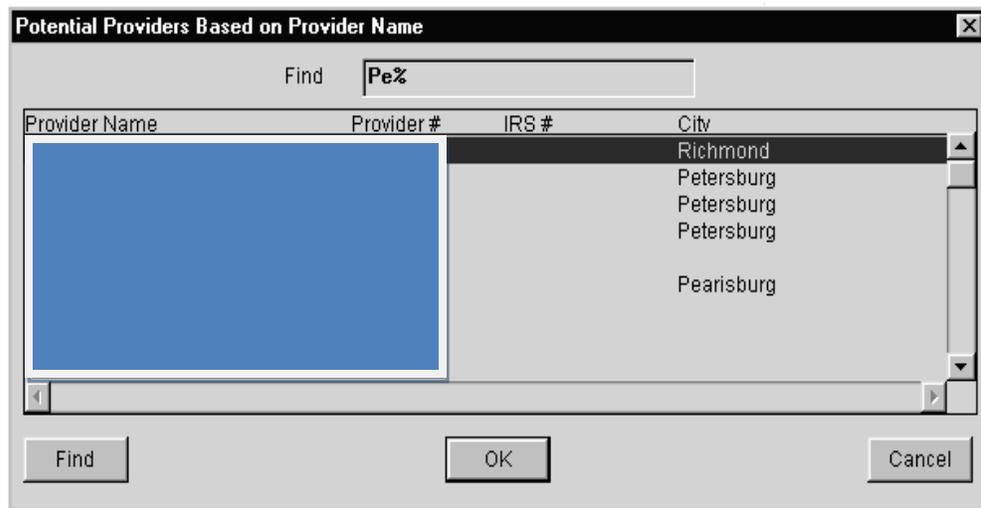


Figure 3-4. "Find" Button Query.

Query Menu Queries

The PRU Query menu allows you to query for Case histories for specific Providers, Referral histories for specific Providers, and overdue correspondence notices. Use the query methods described above to perform queries on any of the Query menu option screens.

See Chapter 5, "Menus and Toolbar Buttons", for additional information on Query menu options.

Viewing Query Results

Many queries will return more than one record. To scroll through and view multiple records returned by a query, click the Next Row and Previous Row icons on the toolbar.

Canceling a Query

There are three ways to cancel a query:

- Click the Exit icon on the toolbar;
- Click the Query menu and select the Cancel option, **or**;
- Press **Ctrl + q**.

Generating and Printing Reports

This section describes how to generate and print the various PRU system reports.

. NOTE: For details on what kind of information each report produces, see Table 6-1 in Chapter 6.

Generating Reports

You will generate all reports from the Reports menu on the Main Interface screen.

Do the following to generate any report:

- From the Main Interface screen, click the Reports menu.
- In the Reports menu, click the desired category of reports to select it.
- Click the checkbox beside the name of the report that you would like to print. (For details on the kind of information each report contains, see Table 6-1 in Chapter 6.)
- On the Report Parameters pop-up box, indicate the parameters you desire by typing a date range, choosing an analyst, etc. (Report parameter options vary among reports, so each Report Parameters box provides tips on the kind of information you need to enter. Figure 3-5 below shows a typical Report Parameters pop-up box.)
- Click the Run Report button on the Report Parameters pop-up box.
- Click the Run Report button on the next pop-up box to generate the report for on-screen viewing.

Report Parameters

Integrity Review Cases Opened Report

Opened Begin Date:

Opened End Date:

Sort By: Analyst, then Provider ▼

A Single Analyst:
 [Leave blank to include all analysts in the report]

Figure 3-5. Typical Report Parameters Pop-up Box.

Printing Reports

Do the following to print any report:

- Generate the report for on-screen viewing (see “Generating Reports” above).
- Click the Print button on the Previewer form. (Figure 3-6 shows the Previewer form for the Integrity Review Cases Opened Report.)

- Click OK on the Print pop-up box. (If you want to select a page range for printing, do so before clicking OK.)
- Click Close on the Previewer form to dismiss it.
- Click Cancel Report on the Report Parameters pop-up box.
- Click the Exit icon on the toolbar to return to the Main Interface screen.
- Retrieve your report from the printer.

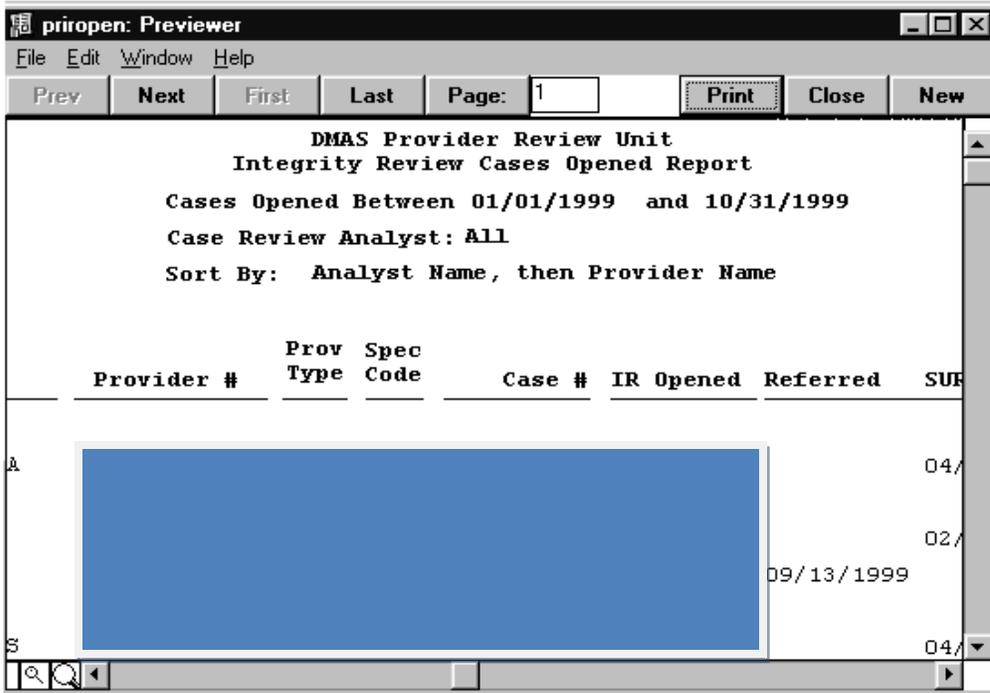


Figure 3-6. Previewer Form.

. NOTE: There are self-explanatory option buttons on the Previewer form (above) that are not discussed here. Use these buttons as desired.

Updating Provider Information

You may occasionally need to update some of the following pieces of information for a Provider:

Provider Number	Last Name
Specialty	Address
Type	Telephone
IRS #	Fax
Title	FIPS Code

You can use the Provider Look-up button or the Providers option under the Ancillary Data menu to update Provider information. The Provider Look-up button appears on the Case Review, Referral, and MFCU Referral screens.

You can use the Provider Look-up button whether or not you have a Provider on the screen from which you pressed the Look-up button, so the following provides instructions for both.

Using the Provider Look-up button with a Provider already on the screen:

- From the Case Review, Referral, or MFCU Referral screen, click the Provider Look-up button to go to the Provider List form.
- Click in the field for which you want to change a piece of information. (If the field is not visible on the screen, click **Tab** to advance to it.)
- Type the desired changes/updates.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Case Review, Referral, or MFCU Referral screen.

Using the Provider Look-up button without a Provider on the screen:

- From the Case Review, Referral, or MFCU Referral screen, click the Provider Look-up button to go to the Provider List form.
- Do a query to bring up the Provider whose information you want to update. (For information on how to perform a query, refer to the “Performing Queries” section of this chapter.)
- Click in the field for which you want to change a piece of information. (If the field is not visible on the screen, click **Tab** to advance to it.)
- Type the desired changes/updates.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Case Review, Referral, or MFCU Referral screen.

Using the Providers option under the Ancillary Data menu:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Providers option to select it.
- On the Provider Maintenance form, do a query to bring up the Provider whose information you want to update. (For information on how to perform a query, refer to the “Performing Queries” section of this chapter.)
- Click in the field for which you want to change a piece of information.
- Type the desired changes/updates.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Re-assigning Cases

Sometimes it may be necessary to re-assign a particular analyst's caseload to another analyst. The PRU system provides this functionality under the Referral/Case menu.

To re-assign a caseload:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Case Re-assign option to select it.
- On the re-assign form, click the List icon on the toolbar.
- Click the name of the analyst whose caseload you want to re-assign and click OK.
- Click in the name field for the analyst (see Figure 3-7 below). This will cause the number of Cases to appear in the “Number of active Cases...” field.
- Click in the analyst ID field for the analyst to whom you want to assign the caseload (see Figure 3-7 below.)

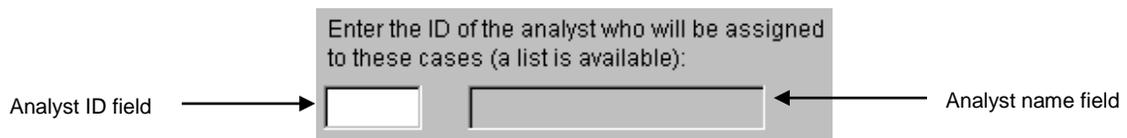


Figure 3-7. Analyst ID and Name Fields.

- Click the List icon on the toolbar.
- Click the name of the analyst to whom you want to assign the caseload and click OK.
- Click in the name field for the analyst. (This will cause the number of Cases to appear in the “Current number of active Cases...” field.)
- Click the Re-assign Cases button.
- Click OK on the pop-up form that asks you if you are sure you want to re-assign the Cases.
- Click OK on the pop-up telling you that the specified Cases have been re-assigned.
- Click OK on the pop-up telling you there are no changes to save.

. NOTE: The Case Re-assign function does not record a history of caseload re-assignment activity. This means that if you re-assign a caseload and then reverse the re-assignment, the Cases will appear to have originally belonged to the person to whom they were re-assigned the first time instead of the person who originally owned them and to whom they were re-assigned back.

Viewing Lists of Overdue Responses to Correspondence

Some PRU letters require that their recipients offer a response to the Department of Medical Assistance Services. Periodically, you may want to view a list of required responses that are overdue.

To view a list of overdue responses by due date:

- From the Main Interface screen, click the Queries menu.
- Click the Overdue Notices option to select it.
- Click the Query icon on the toolbar.
- Click in the “Due” date field and type the due date on which you would like to query.
- Click the Query button to execute the query.

To view a list of overdue responses by correspondence type:

- From the Main Interface screen, click the Queries menu.
- Click the Overdue Notices option to select it.
- Click the Query icon on the toolbar.
- Click in the “Notice Name” field.
- Click the List icon on the toolbar.
- Click the name of the correspondence type on which you would like to query and click the OK button.
- Click the Query button to execute the query.

. NOTES:

- *You can also perform queries on the “Analyst” and “Sent” date fields.*
- *The Go to Case and Letter Recipient Details buttons take you to the corresponding Case and show you letter recipient information, respectively. Be sure you have highlighted the desired Case in the list before you click either button.*

Viewing/Editing Correspondence Logs

You can view a correspondence log for a Case, and you can add or edit some of the information that the log is set up to track. By providing an editable correspondence log, the PRU system allows you to quickly and easily track and review the correspondence you have mailed.

Viewing Correspondence Logs

To view correspondence:

- From the Main Interface screen, click the Referral/Case menu.
- Click the Correspondence option to select it.
- Perform a query to bring up the desired correspondence information (e.g., letters sent on a specific date; letters sent for a specific Case, Referral, Recipient, or appeal; etc.) using any field on this form. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- Use the Next Row icon on the toolbar to scroll through the records as needed.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Editing Correspondence Logs

To edit correspondence:

- Follow the instructions in “Viewing Correspondence Logs” above to bring up the correspondence information you would like to edit.
- Click in the field for which you would like to add or edit information. (Note that you can only edit fields that have white backgrounds, and you cannot change the “Generated” or “Manual” selections.)
- Type the new information.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

. NOTE: For details on adding a manually generated letter to a Correspondence Log, see the corresponding subsection of Chapter 2.

Following up on Correspondence

You may occasionally want to review a list of people from whom responses are due for PRU Department letters. The PRU system lets you pick the type of Case (IR or FS), the letter category (see the list in Figure 3-8 below), and the date range for which you would like to generate and view a list. Use this functionality to keep track of what is due from whom and when.

To view a list of responses that are due:

- From the Main Interface screen, click the Reports menu.
- Click the Tracking Follow-up option to select it.
- Indicate the report you would like to generate (either IR Analyst Due Notices or FS Analyst Due Notices) by clicking the corresponding checkbox.
- On the Report Parameters dialog box (shown in Figure 3-8 below), choose the desired letter by clicking the corresponding radio button.
- Click in the “Due Begin Date” field, and type the beginning date for which you would like to see responses that are due.
- Click in the “Due End Date” field, and type the ending date for which you would like to see responses that are due.
- Click in the Analyst field, and type an analyst ID (or click the List of Values box to select one). For additional information on using Lists of Values, see the corresponding subsection in Chapter 1.
- Click the Run Report button to generate the report.

Report Parameters

IR Analyst Due Notice Tracking Report

Notice Group: Educational Letter

Medical Records Request

On-site Audit Confirmation

Post Informal Decision

Case Summary

Fiscal Form for Recover OP

Referral for DHP and MFCU

Enter a date range that the notices are due:

Due Begin Date:

Due End Date:

This report will use the due date range to list all notices which are due back between the two parameter dates, and have not been returned.

Analyst (blank for all):

List of correspondence types for which you can generate a report of those that are due.

Figure 3-8. IR Due Notice Tracking Report Parameters Pop-up Box.

Chapter 4: Administrative Tasks

This chapter addresses administrative tasks that must be completed before PRU employees can use the PRU system to do their jobs. Administrative tasks involve adding various types of information to the database as a “foundation” for work functions. Examples include adding information on Providers, Provider types, FIPS Codes, and PRU employees.

PRU department managers should handle most PRU system administrative tasks.

Administrative tasks include the following:

- Adding Providers

- Adding Recipients

- Adding Hospitals

- Adding Other Agencies

- Adding Codes

. NOTE: See the subsection “User Roles & Permissions” in Chapter 1 for information on what administrative tasks you can perform on the basis of your user role assignment.

Adding Providers

You must add a Provider to the PRU system before you can create a Referral or Case based on that Provider.

You can add Providers using the Provider Look-up button on the Referral, Case Review, and MFCU Referral screens; or, you can add Provider information using the Providers option under the Ancillary Data menu.

. *NOTE: Review the “Lists of Values” portion of Chapter 1 before you try to add a Provider.*

Adding Providers using the Provider Look-up button

- From the Referral, Case Review, or MFCU Referral screen, click the Provider Look-up button.
- Type the Provider Number and press **Enter**. One of two things will occur next: Either the system will find that Provider Number in VaMMIS and automatically display a message indicating this (Figure 4.1 below), or the system will not find that Provider Number in VaMMIS.
- Follow the applicable instructions below (“Provider Exists in VaMMIS” or “Provider Does NOT Exist in VaMMIS”), depending on whether or not you receive the message shown in Figure 4.1 below.

Provider Exists in VaMMIS

Do the following if the system finds the Provider Number in VaMMIS:

- Click OK on the pop-up message shown in Figure 4.1 below.

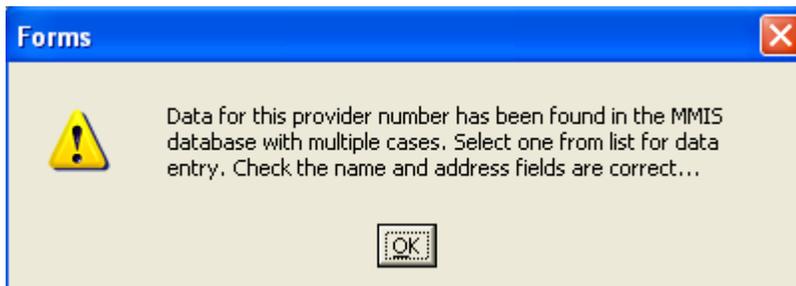


Figure 4-1. Provider Exists in VaMMIS.

- Next, one of two things will happen: If the Provider has only one site, the information will be pulled in from VaMMIS ; or, if the Provider has more than one site, a list of sites will appear (Figure 4.2 below).
- If the information is pulled in from VaMMIS, click Save. If there are multiple sites, follow the instructions below:
 - If the Provider has more than one site, choose the desired site by clicking on it and clicking OK (shown in Figure 4.2 below).

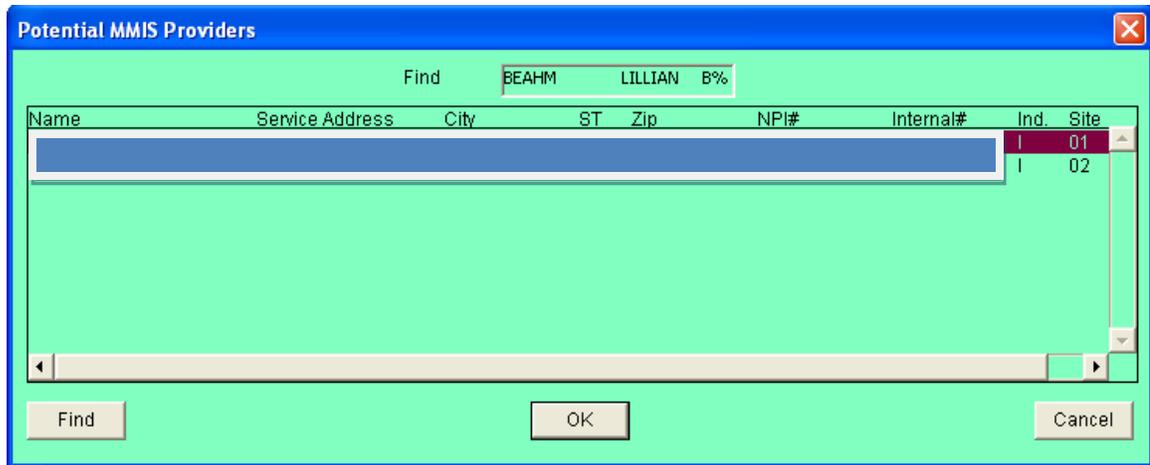


Figure 4-2. Provider Sites and Addresses.

- Next, click the Save icon on the toolbar to save the Provider information you selected.

Provider Does NOT Exist in VaMMIS

Do the following if the system does NOT find the Provider Number in VaMMIS:

- Type the Provider’s site number and press **Enter**.
- Type the Provider’s 9-digit Legacy ID number (if desired) and press **Enter**. (Legacy IDs are 9-digit Provider IDs that preceded the current 10-digit NPI values. Note that Providers who are new to Medicaid may not have Legacy IDs. It is *not* essential that you enter a value here.)
- Click the List icon on the toolbar, and click on the desired specialty; then click OK.
- Click in the “SSN” field and type the Provider’s SSN (if applicable); then press **Enter**.
- Type the Provider’s IRS Number and press **Enter**.
- Click the “Title” field drop-down arrow and click a title to select it.
- Click in the “Person Name” field and type the Provider’s first name (if applicable); then press **Enter**.
- Type the Provider’s middle initial (if applicable); then press **Enter**.
- Type the Provider’s last name (if applicable); then press **Enter**.
- Type the Provider Name (if applicable); then press **Enter**.
- Type the Provider’s street address (and suite, if applicable); then press **Enter**.
- Type the Provider’s city; then press **Enter**.
- Type the Provider’s state abbreviation (or use the associated List of Values); then press **Enter**.
- Type the Provider’s zip code; then press **Enter**.
- Type the Provider’s phone number; then press **Enter**.
- Type the Provider’s fax number (if applicable); then press **Enter**.
- Click the List icon on the toolbar and click on the desired FIPS Code; then click OK.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Referral, Case Review, or MFCU Referral screen.

Adding Providers using the Ancillary Data menu:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Providers option to select it.
- Type the Provider Number in the “Provider #” field and press **Enter**.
- One of two things will occur next: Either the system will find that Provider Number in VaMMIS and automatically display a message indicating this (Figure 4.1 above), or the system will not find that Provider Number in VaMMIS.

- Follow the applicable instructions below (“Provider Exists in VaMMIS” or “Provider Does NOT Exist in VaMMIS”), depending on whether or not you receive the message shown in Figure 4.1 above.

Provider Exists in VaMMIS

When a Provider exists in VaMMIS, the Provider may have one or more sites. Follow the instructions below based on whether or not the Provider has one site or multiple sites:

One Site

- If the information is pulled in from VaMMIS, then this means there is only a single site for the Provider, and you can fill in any missing fields.
- Click the Save icon on the toolbar.

Multiple Sites

- If the Provider has more than one site, choose the desired site by clicking on it and clicking OK (shown in Figure 4.2 above).
- Fill in any missing information and click the Save icon on the toolbar.

Provider Does NOT Exist in VaMMIS

- Type the Provider’s Legacy ID number if desired (this is not a required field, and Providers new to VaMMIS may not have Legacy ID numbers) and press **Enter**.
- Type the Provider’s IRS Number and press **Enter**.
- With the cursor in the “Specialty” field, click the List icon on the toolbar.
- Click on the desired specialty and click OK.
- Choose the Provider’s “Subspecialty” from the dropdown list.
- Type the Provider’s Social Security Number (if applicable) in the “SSN” field; then press **Enter**.
- Click in the “Prov Person Name” field and type the Provider’s first name (if applicable); then press **Enter**.
- Type the Provider’s middle initial (if applicable); then press **Enter**.
- Type the Provider’s last name (if applicable).
- Click the “Title” field drop-down arrow and click on a title to select it.
- Click in the “Provider Name” field and type the Provider name (i.e., business name) if applicable; then press **Enter**.
- Type the Provider’s business name in the “Business Name” field; then press **Enter**.
- Type the Provider’s street address (and suite, if applicable) in the “Primary Address” field; then press **Enter**.
- Type an alternate street address (if applicable); then press **Enter**.
- Type the Provider’s city; then press **Enter**.
- Type the Provider’s state abbreviation (or use the associated List of Values); then press **Enter**.
- Type the Provider’s zip code; then press **Enter**.
- Click the List icon on the toolbar and click on the desired FIPS Code; then click OK.
- Click in the “Primary Telephone” field and type the Provider’s primary phone; then press **Enter**.
- Type the Provider’s alternate telephone (if applicable); then press **Enter**.
- Type the Provider’s fax number (if applicable); then press **Enter**.
- Type the Provider’s site number; then press **Enter**. (Providers with only a single site have a site number of “01”.)
- (Fill in Counsel information if it is known; if not, click the Save icon on the toolbar.)

. NOTES:

- *Be sure to use the Group #, Other #, and Comments buttons if you have a group number, other number, or comment to add for a Provider.*

- *Click the Addr/FIPS Change Info? button when you want to view a log of changes to the Provider's address and/or FIPS Code information.*
- *The "Site #" value is "01" if it is not something else.*

Adding Recipients

You must add Recipient information to the PRU system before you can do things like request medical records and send EOMB (explanation of medical benefits) letters.

To add Recipients:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Recipients option to select it.
- In the “DMAS #” field on the Recipient Maintenance form, type the Recipient’s DMAS number; then press **Enter**.
- Type the Recipient’s SSN in the “SSN” field; then press **Enter**.
- Type the Recipient’s birth date in the “Birth Date” field.
- Click the “Name” drop-down arrow and click a salutation to select it.
- Click in the first “Name” field and type the Recipient’s first name; then press **Enter**.
- Type the Recipient’s middle initial.
- Type the Recipient’s last name; then press **Enter**.
- In the first “Mailing Address” field, type the street address; then press **Enter**.
- Type the apartment or other number (if applicable); then press **Enter**.
- Type the city name; then press **Enter**.
- Type the state abbreviation; then press **Enter**.
- Type the zip code; then press **Enter**.
- With the cursor in the “FIPS” field, click the List icon on the toolbar.
- Click the desired city/county; then click OK.
- Click in the “Home Telephone” field and type the Recipient’s home phone number; then press **Enter**.
- Type the Recipient’s work number (if applicable); then press **Enter**.
- Click the “Parent Name” field drop-down arrow (if applicable), and click a salutation to select it.
- Click in the first “Parent Name” field and type the parent’s first name (if applicable); then press **Enter**.
- Type the parent’s middle initial (if applicable); then press **Enter**.
- Type the parent’s last name (if applicable).
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

. NOTES:

- *For information on using the Med. Rec. Req. button to request medical records for a Recipient, see the “Requesting Medical Records” subsection of Chapter 2.*
- *For information on using the Generate Letters button to generate an EOMB letter, see the “Generating Recipient Letters” subsection of Chapter 2.*

Adding Hospitals

Sometimes you will need to request medical record information from a hospital. The PRU system provides a special form for entering hospital information for this purpose.

Do the following to add a hospital:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Hospitals option to select it.
- Type the hospital number in the “Hospital Number” field; then press **Enter**.
- Type the Hospital Name and press **Enter**.
- Type the street address of the hospital and press **Enter**.
- Type the second line of the hospital address (if applicable); then press **Enter**.
- Type the city; then press **Enter**.
- Type the two-letter state abbreviation (or use the corresponding List of Values); then press **Enter**.
- Type the zip code and press **Enter**.
- With the cursor in the “FIPS Code” field, click the List icon on the toolbar.
- Click the desired city/county; then click OK.
- Click the “Contact” field drop-down arrow and click a salutation to select it.
- Click in the first “Contact” field and type the first name of the contact person at the hospital; then press **Enter**.
- Type the contact person’s middle initial.
- Type the contact person’s last name; then press **Enter**.
- In the “Contact Position” field, type the contact person’s job title; then press **Enter**.
- Type the contact person’s telephone number; then press **Enter**.
- Type the contact person’s fax number (if applicable).
- Click the “Hosp. Med. Records” field drop-down arrow and click a salutation to select it.
- Click in the first “Hosp. Med. Records” field and type the first name of the person who handles medical records at the hospital; then press **Enter**.
- Type the medical records person’s middle initial; then press **Enter**.
- Type the medical records person’s last name; then press **Enter**.
- Type the medical records person’s phone number; then press **Enter**.
- Type the fax number for the medical records person/department.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface.

Adding Other Agencies

The functions of the Provider Review Unit make it necessary for Unit employees to interact with state or local agencies with similar or complementary functions. The PRU system provides a special form for adding these agencies and indicating what kind they are.

To add an agency:

- From the Main Interface screen, click the Ancillary Data menu.
- Click the Other Agencies option to select it.
- Click the “Agency Type” drop-down field and click an agency type to select it.
- Click in the “Agency Name” field and type the name of the agency.
- Click the “Director Name” drop-down field and click on a salutation to select it.
- Click in the “First Name” field and type the Director’s first name; then press **Enter**.
- Type the Director’s middle initial.
- Type the Director’s last name; then press **Enter**.
- Type the Director’s title in the “Director Title” field; then press **Enter**.
- Type the first name of the agency contact in the “Contact Name” field; then press **Enter**.
- Type the contact’s middle initial.
- Type the contact’s last name; then press **Enter**.
- Type any suffixes (e.g., M.D., Ph.D., etc.); then press **Enter**.
- Type the contact’s title; then press **Enter**.
- In the first “Mailing Address” field, type the street address; then press **Enter**.
- Type any suite numbers if applicable; then press **Enter**.
- Type the city; then press **Enter**.
- Type the two-digit state abbreviation if other than VA (or use the List of Values); then press **Enter**.
- Type the zip code; then press **Enter**.
- Type the primary phone number to be used for the agency; then press **Enter**.
- Type a secondary phone number if applicable.
- Click the “Local Call from Richmond” checkbox if it is a local call from Richmond.
- Click in the “Fax Number” field and type the fax number for the agency; then press **Enter**.
- Type any comments in the “Agency Comments” field.
- Click the Save button on the toolbar.
- Click OK on the pop-up box saying that the record has been saved.
- Click the Exit button on the toolbar to return to the Main Interface screen.

Adding Codes

The Codes menu allows managers to add foundational pieces of information that PRU users will need as they use the PRU system to do their jobs. Code menu information is information that “belongs” to the PRU system. PRU users will simply associate the information with different Providers, Referrals, and Cases as needed. For example, the Provider Types code is foundational information that pertains to Providers. When a user adds a Provider to the system, he or she selects a Provider Type that addresses the Provider’s professional expertise. If Provider Types were not stored in the PRU system by way of the Codes menu, users would not be able to assign a Provider Type to a Provider.

Codes in the PRU system include the following:

Messages

States

PRU Employees

FIPS Codes

Provider Types

Specialty Codes

Error Reasons

Correspondence Types

DMAS Director

Messages

Messages display in the Message Bar when a user error has occurred or when there is a need to prompt the user with some kind of helpful information. Neither PRU department managers nor PRU users need to add messages to the PRU database because PRU developers have already added them. PRU managers may want to edit the text of some of the messages, and they are permitted to do so.

To edit message text:

- From the Main Interface screen, click the Codes menu.
- Click the Messages option to select it.
- Perform a query to bring up the message whose text you want to edit. (For more information on performing queries, see the “Performing Queries” section of Chapter 3.)
- Click in the “Message Text” field, and navigate left or right (using keyboard arrow buttons) as needed.
- Type the desired edits.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

States

There are many places in the PRU system where the state in which a Provider, Recipient, or other individual lives/operates must be indicated. Two-digit state abbreviations populate “State” field drop-down lists when states have been added to the database by way of the States option under the Codes menu.

To add states to the database:

- From the Main Interface screen, click the Codes menu.
- Click the States option to select it.
- Type the two-digit state code (left column); then press **Enter**.
- Type the name of the state.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

PRU Employees

Putting an employee’s name in the database automatically generates a unique User ID for that employee. Every employee must have a User ID in order to log on and use the PRU system.

Managers can use the PRU Employees option to add employee names to the database.

To add an employee name to the database:

- From the Main Interface screen, click the Codes menu.
- Click the PRU Employees option to select it.
- In the first “Employee Name” field, type the employee’s first name; then press **Enter**.
- Type the employee’s middle initial.
- In the last “Employee Name” field, type the employee’s last name; then press **Enter**.
- Click the drop-down arrow in the “Credential” field, and click a credential to select it.
- Click in the “Employee Title” field, and type the employee’s professional title.
- Click the “Assign to Integrity Reviews?” checkbox unless the employee’s position does not involve any Case-handling tasks.
- Click the Save icon on the toolbar.

- Click the Exit icon on the toolbar to return to the Main Interface screen.

. NOTE: The “PRU Employee?” and “Active Employee?” field checkboxes are selected by default.

FIPS Codes

You must assign a FIPS Code to every Provider you add to the PRU system. The list of FIPS Codes in the database populates Lists of Values associated with FIPS Codes fields, and you can choose the FIPS Code that corresponds to the Provider’s locale. For additional information on FIPS Codes, see Appendix C.

Managers can use the FIPS Codes option to add FIPS Codes to the database.

To add FIPS Codes to the database:

- From the Main Interface screen, click the Codes menu.
- Click the FIPS Codes option to select it.
- In the “FIPS” field, type the FIPS Code number for the locale you are adding; then press **Enter**.
- In the “City/County Name” field, type the name of the city or county.
- Click the “City” or “County” radio button as appropriate.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Provider Types

“Provider Type” refers to a Provider’s medical specialty or other service. Provider types vary widely in accordance with the many medical specialties and related services Medicaid covers.

Managers can use the Provider Types option to add Provider types to the database.

To add Provider Types:

- From the Main Interface screen, click the Codes menu.
- Click the Provider Types option to select it.
- In the “Type Code” field, type the numeric code for the Provider.
- In the “Provider Type Description” field, type the Provider’s medical specialty or other service.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Specialty Codes

A Specialty Code indicates a Provider’s specialty within a Provider Type category. For example, General Practitioner is a specialty of the Provider Type, “Physician”.

Managers can use the Specialty Codes option to add Providers’ specialties.

To add Specialty Codes:

- From the Main Interface screen, click the Codes menu.
- Click the Specialty Codes option to select it.
- In the “Spec. Code” field, type the numeric Specialty Code; then press **Enter**.
- With the cursor in the “Prov. Type” field, click the List icon on the toolbar.

- Click on the desired Provider Type, and click OK. (For information on using the “Find” button to quickly locate a Provider Type in the list, see the “Performing Queries” section of Chapter 3.)
- Click in the “Specialty Code Description” field and type the specialty.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

Error Reasons

Error Reasons indicate Provider billing errors that put Providers into overpayment status with the Department of Medical Assistance Services. When you open an Integrity Review or a Full-scale Review, you associate one or more Error Reasons with it as needed.

Managers can use the Error Reasons option to add Provider errors to the database.

To add Error Reasons:

- From the Main Interface screen, click the Codes menu.
- Click the Error Reasons option to select it.
- In the “Code” field, type the error code.
- In the “Error Reason Description” field, type the error reason.
- Click the radio button that corresponds to the Provider Type.
- Click the Save icon on the toolbar.
- Click the Exit icon to return to the Main Interface screen.

Correspondence Types

The PRU system stores profiles for the types of correspondence it can generate. For example, the Explanation of Medical Benefits (EOMB) letter is one that the PRU system can generate – but only if the EOMB profile has been entered into the database by way of the Correspondence Types option.

To add a new letter or other correspondence type:

- From the Main Interface screen, click the Codes menu.
- Click “Correspondence Types” to select it.
- In the “Correspondence Name” field, type the name of the letter (or other item) you are adding.
- Click the appropriate “Correspondence Type” radio button.
- Click in the “Description” field and type a description of the letter.
- Click in the “Lag Days to Send” field and type the number of days to wait before sending the letter; then press **Enter**. (The lag days entry advances the date on the letter by the number of days you indicated and allows enough time for letters to be generated by one PRU employee for signature and mailing by another.)
- In the “Lag Days Response Due” field, type the number of days allowed between when the letter is sent and when a response is due.
- Click the “Send to Type” drop-down arrow and click the type of person who is supposed to receive this type of letter.
- If a response is NOT required, deselect the “Response Required?” checkbox by clicking it.
- If the letter is NOT system-generated, deselect the “System Generated?” checkbox by clicking it.
- Click the appropriate “Certified Mail?” radio button.
- Click the Save icon on the toolbar.
- Click the Exit icon on the toolbar to return to the Main Interface screen.

DMAS Director

The PRU system stores the name of the DMAS Director as it should appear on letterhead stationery.

To add the DMAS Director's name:

- From the Main Interface screen, click the Codes menu.
- Click DMAS Director to select it.
- Type the name of the DMAS Director exactly as it should appear on letterhead.
- Click the Save icon on the toolbar.
- Click the Exit icon to return to the Main Interface screen.

Chapter 5: Menus and Toolbar Icons

This chapter explains menus, menu options, and toolbar icons in the PRU system.

While menu options appear on every screen, there are actually only two “sets” of menus. The first set appears on the Main Interface screen and provides access to the other screens; the second set appears on those other screens and provides various types of screen-oriented functionality. This chapter organizes its explanation of menus and menu selections in terms of these two sets.

Toolbar icons are buttons that perform certain functions when you click on them. Presentation of the toolbar is uniform throughout the PRU system. This chapter addresses toolbar icons after menus and menu selections.

. NOTE: This chapter does not explain how to use menu selections; it explains only their purposes and functions. Where appropriate, a NOTE refers you to the chapter that explains how to use a given menu or menu selection.

Main Interface Menus and Menu Selections

The Main Interface screen contains the following menus and menu selections.

Actions

The Actions menu allows you to perform two basic actions: Print and Exit.

Print

Use this option to print the Main Interface screen. (It is unlikely that you will ever want to do this. “Print” is a default option in the Actions menu, so it has been left intact despite its lack of application on this screen.)

Exit

Use this option to exit the PRU application.

Codes

The Codes menu allows you to add pieces of foundational information to the PRU system. These are pieces of information that must be present in the system before you can perform various tasks associated with your job. PRU department managers should handle most Code menu tasks.

. NOTE: For information on how to use the options under the Codes menu, see the “Adding Codes” subsection of Chapter 4.

Messages

The Messages option allows managers to edit the text of database messages that appear in the Message Bar when a user error occurs.

States

The States menu option allows managers to add two-letter state abbreviations that populate Lists of Values for “State” fields on various screens and forms.

PRU Employees

The PRU Employees menu allows managers to add new employees to the PRU database. The addition of a user prompts the automatic creation of a User ID, which users must have to use and be recognized by the PRU system.

FIPS Codes

The FIPS Code option allows managers to add FIPS Codes for the state of Virginia. Once they have been added here, FIPS Codes populate FIPS Codes Lists of Values throughout the PRU system.

Provider Types

The Provider Types option allows managers to add different kinds of professional expertise that users must assign to Providers when they add Providers to the system. Some examples of Provider Types include Nurse Practitioner, Optometrist, Podiatrist, and Clinical Psychologist.

Specialty Codes

The Specialty Codes option allows managers to associate Provider Types with different kinds of professional specialties. When users assign Provider Types to Providers, Specialty Codes are automatically included. Some examples of Specialty Codes include Radiology, Urology, and Psychology.

Error Reasons

The Error Reasons option allows managers to add types of Provider errors that cause Providers to be overpaid by Medicaid and/or be investigated by the Provider Review Unit. When users add Cases to the PRU system, they choose error reasons that correspond to Provider behavior.

Correspondence Types

The Correspondence Types option allows managers to add the names of different types of letters and their corresponding informational profiles. This is where things like response requirements and certified mail options are assigned to the various forms of correspondence.

DMAS Director

The DMAS Director option allows managers to specify the name of the DMAS Director as it should appear on letterhead stationery.

Ancillary Data

The Ancillary Data menu allows you to add pieces of foundational information to the PRU system. These are pieces of information that must be present in the system before you can perform various tasks associated with your job.

. NOTE: For information on how to use the options under the Ancillary Data menu, see the corresponding subsections of Chapter 4.

Providers

The Providers option allows you to add new Providers to the system. A Provider's information must be present in the PRU system before you can create a Referral or Case for that Provider.

Recipients

The Recipients option allows you to add new Recipients to the PRU system. A Recipient's information must be present in the system before you can do things like request associated medical records or send an EOMB letter.

Hospitals

The Hospitals option allows you to add hospital information for the purpose of requesting medical records.

Other Agencies

The Other Agencies option allows you to add agencies that interact in some way with the Provider Review Unit.

Referral/Case

The Referral/Case menu allows you to perform the business tasks associated with Provider review. This is where you do things like open Referrals, open Integrity Reviews, open Full-scale Cases, and update any of these.

Referrals

The Referrals option allows you to add a new Referral to the PRU system.

Case Review

The Case Review screen allows you to add an Integrity Review or a Full-scale Case to the PRU system.

Appeal

The Appeal option allows you to update an existing Provider appeal.

MFCU Referral

The MFCU Referral option allows you to create a referral for the Medicaid Fraud Control Unit.

. NOTE: For information on how to use the above four options under the Referral/Case menu, see the corresponding subsections in Chapter 2.

Correspondence

The Correspondence option allows you to view a log of correspondence that has been sent out.

Case Re-assign

The Case Re-assign option allows managers to re-assign analysts' caseloads.

. NOTE: For information on how to use the above two options under the Referral/Case menu, see the corresponding subsections in Chapter 3.

Queries

The Queries menu allows you to execute queries on certain major topics. While you can perform many types of queries from almost anywhere in the PRU system, the Queries menu provides forms that are designed for information display rather than data entry.

. NOTE: For information on how to use Query menu options, see the "Performing Queries" section of Chapter 3.

Provider Activity

The Provider Activity menu option allows you to query on Referral and Case activity associated with a specific Provider.

Referrals

The Referrals option allows you to query for Referrals associated with a specific Provider.

Overdue Notices

The Overdue Notices option allows you to query for those overdue responses to correspondence.

. NOTE: For additional information on how to use the Overdue Notices option, see the corresponding subsections of Chapter 3.

Reports

The Reports menu allows you to generate different types of reports.

. NOTE: For additional information on how to use Reports menu options, see Chapter 6.

Integrity Review

The Integrity Review option allows you to print reports in the following categories for a timeframe of your choosing:

- Integrity Review Cases Opened
- Integrity Review Cases Initiated
- Integrity Review Cases Closed
- Integrity Review Case Assignments
- Closed Integrity Review Cases for Possible Purging

Full-scale Review

The Full-scale Review option allows you to print reports in the following categories for a timeframe of your choosing:

- Full-scale Review Cases Opened
- Full-scale Review Cases Closed
- Full-scale Review Case Assignments
- Closed Full-scale Cases for Possible Purging

Case Review

The Case Review option allows you to print reports in the following categories for a timeframe of your choosing:

- Case Review Status
- Case Review Transferred
- Case Review CMM Monitoring

Tracking Follow-up

The Tracking Follow-up option allows you to print reports in the following categories for a timeframe of your choosing:

- Integrity Review Analyst Due Notices
- Full-scale Review Analyst Due Notices

Referral

The Referral option allows you to print reports in the following categories for a timeframe of your choosing:

- Referral Log Report with Details
- Referrals Summary Statistics Report

Appeal

The Appeal option allows you to print reports in the following categories for a timeframe of your choosing:

- Appeal Log Report with Details
- Appeals Summary Statistics Report

MFCU Referral

The MFCU Referral option allows you to print reports in the following categories for a timeframe of your choosing:

- MFCU Referral Log Report with Details
- MFCU Referrals Summary Statistics Report

Statistical Reports

The Statistical Reports option allows you to print reports in the following categories for a timeframe of your choosing:

- PRU Statistical Worksheet
- Number of Letters Sent During a Time Period

Help

The Help menu allows you to view general information about the Main Interface menu and the PRU system.

General Info

The General Info option displays an explanation of the Main Interface menus.

About

The About option displays developer and development tool information for the PRU system.

Screen Menus and Menu Selections

PRU system screens contain the following menus and menu selections.

Action

The Action menu allows you to perform certain very basic functions on the screen.

Clear All

The Clear All option clears the screen you are on.

Save

The Save option saves the information as it appears on the screen. If you have made any changes prior to choosing the Save option, your changes will be saved.

Print

The Print option allows you to print the screen you are on as it appears.

Exit

The Exit option allows you to exit the PRU application.

Edit

The Edit menu allows you to perform standard Windows editing functions.

Cut

The Cut option allows you to cut selected text and transfer it to a Windows clipboard, where it stays until you either exit the application or choose the Paste option to paste it in another location.

Copy

The Copy option allows you to copy selected text and transfer it to a Windows clipboard, where it stays until you either exit the application or choose the Past option to paste it in another location.

Paste

The Paste option allows you to paste text that you transferred to the Windows clipboard using Cut or Copy.

Edit

The Edit option raises a pop-up window for editing (or adding) text in whatever field the cursor is located.

Block

The Block menu allows you to move among different “blocks”, or areas, on a given screen. A block is a section of the screen that stores or displays pieces of like information. Some blocks are indicated visually by outlines or shading; others are implied.

Previous

The Previous option takes the cursor to the previous block on the screen.

Next

The Next option takes the cursor to the next block on the screen. (If you are already in the last block on a screen, this will open the Comments form for screens that have a Comments button at the top.)

Clear

The Clear option clears the block where the cursor is located.

Field

The Field menu allows you to manipulate the information in a field and move among fields.

Previous

The Previous option places the cursor in the previous field on the screen.

Next

The Next option places the cursor in the next field on the screen.

Clear

The Clear option clears the text in the field where the cursor is located.

Duplicate

The Duplicate option duplicates the previous record’s text for the same field.

Record

The Record menu allows you to manipulate records and move among records in a series.

Previous

The Previous option takes the cursor to the previous record in a series of records.

Next

The Next option takes the cursor to the next record in a series of records.

Scroll Up

The Scroll Up option takes the cursor to the previous record in a series of records.

Scroll Down

The Scroll Down option takes the cursor to the next record in a series of records.

. *NOTE: A series of records is any group of records returned by any type of query.*

Clear

The Clear option clears the record displayed on the screen. If that record is one in a series, the PRU system will display the next one in the list.

Remove

The Remove option deletes the record displayed on the screen.

Insert

The Insert option inserts a new record.

Duplicate

The Duplicate option duplicates (for new records only) the values in the previous record.

Lock

The Lock option prevents other users from modifying a record while you are looking at it. (The system automatically prevents two users from updating the same record at the same time.) Unlocking occurs automatically when you save the information on the record, leave the record, or exit the application.

Query

The Query menu allows you to perform a variety of functions related to querying the database.

Enter

The Enter option clears the screen and places the PRU system in query mode.

Execute

The Execute option executes any type of query.

Last Criteria

The Last Criteria option puts the PRU system in query mode and inserts in the appropriate fields whatever search criteria was used in the last query.

Cancel

The Cancel option cancels query mode.

Count Hits

The Count Hits option counts the number of records the current query criteria will return and displays the number in the Message Bar.

Do the following to use the Count Hits option:

- Go to the screen where you want to do the query.
- Click the Query icon on the toolbar to put the system in query mode.
- Type the information you want to query for. (For example, if you are querying for all Referrals that were added on 2/29/2000, you would type “2/29/2000” in the “Received On” field.)
- Click the Query menu, and click the Count Hits option to select it.
- Read the Message Bar. (As an example, it will say, “Query will retrieve 23 records.”)

If you still want to execute the query, do the following:

- Click the Query button.

If the query will return too many records and you do not want to execute it, do the following:

- Click the Exit icon on the toolbar.

Fetch Next Set

The Fetch Next Set option advances the cursor to the next record in a set. (If you execute Fetch Next Set from the Provider block of the Provider Activity form after doing a query, the cursor will advance to the next record in the query results, and its corresponding Case Review and Referral information will be displayed.)

Window

The Window menu offers functionality for manipulating the display of Windows on the screen.

Cascade

The Cascade option creates overlapping layers out of the open Windows so that a portion of each Window is visible.

Tile

The Tile option creates side-by-side “tiles” out of the open Windows.

Arrange Icons

The Arrange Icons option is a standard Windows option that arranges Desktop icons. This option does not apply to the PRU system.

Help

The Help menu provides access to on-screen information about fields, function keys, and messages.

Help

The Help option displays explanatory text for the current field (the field where the cursor is located) in the Message Bar.

Keys

The Keys option displays a list of shortcut keys for performing a wide range of functions.

List

The List option displays the List of Values for the field where the cursor is located if one exists for that field.

Display Error

The Display Error option displays information about any errors that recently occurred. This option is useful when a user is trying to help a PRU application developer retrace the cause of an error.

Debug

The Debug option is for PRU application developers and should be ignored by PRU users.

Toolbar Icons

Toolbar icons provide convenient access to some of the functions you will use on a frequent basis. By providing on-screen picture buttons for functions like Save, Print, and Exit, the toolbar allows you to easily and efficiently use the PRU system. You will note that the functionality of some toolbar icons is duplicated by various menu options; the toolbar simply provides more direct access to those functions.

The following shows each toolbar icon and explains its function.

Query



The Query icon has two functions: It puts the PRU system in query mode the first time you click it, and it executes a query the second time you click it. (If you do not type query criteria before clicking it a second time, it will execute a General Query. See Chapter 3 for additional information on General Queries.)

Save



The Save icon saves changes and information to the database.

List of Values (List)



The List icon displays a List of Values for the field where the cursor is currently located if that field has a List of Values associated with it.

Insert Row



The Insert Row icon clears the current record and displays a blank one in which you can type new information for a new record.

Delete Row



The Delete Row icon deletes the current record.

Edit



The Edit icon displays an edit pop-up box for the field where the cursor is located. You can use the pop-up box to edit or add text for that field.

Next Row



The Next Row icon advances the cursor to the next record in a series.

Previous Row



The Previous Row icon takes the cursor to the previous record in a series.

Previous Item



The Previous Item icon takes the cursor to the data entry field that programmatically precedes the field where the cursor is located. This may or may not be the same as the field whose physical placement on the screen precedes the current field.

Next Item



The Next Item icon takes the cursor to the data entry field that programmatically comes after the field where the cursor is located. This may or may not be the same as the field whose physical placement on the screen comes after the current field.

Clear Changes



The Clear Changes icon clears the form of the current record and populates it with the next one in a series of records.

Print



The Print icon displays the Print dialog box for choosing printer/printing options.

Exit



The Exit icon does one of three things, depending on where you are and whether or not the system is in query mode:

- If the system is in query mode, the Exit icon cancels the query.
- If you are on any screen or form other than the Main Interface screen, the Exit icon takes you back to the previous screen or form.

Item Hint



The Item Hint icon displays in the Message Bar a hint about the kind of information that should go in the field where the cursor is located.

Generate Letters



The Generate Letters icon opens the Correspondence That Can Be Application Generated form. For additional information on using this form to generate letters, see the “Generating Letters” subsection of Chapter 2.

. NOTE: When you see an icon whose function you do not remember, slowly pass the cursor over the icon with the mouse. This will display a hint about what the icon does.

Chapter 6: Reports

Reports allow you to generate and review various types of data associated with Provider review activities. The PRU system provides a broad range of reports that represent Provider review information from a number of different angles.

This chapter explains the various PRU system reports. For information on how to generate and print reports, see the corresponding subsection in Chapter 3.

Types of Reports

Table 6-1 below lists the PRU system reports according to the information they provide. Look at the left column of the table to find the information you are interested in; then, look at the middle and right columns of the table to see which report to generate and where to find it.

Note that each report allows you to specify the time period for the information you want to view.

For a Report on this Topic:	Print this Report:	Use this Menu Path:
<p>∂ Referrals –</p> <p>All received between two dates</p> <p>A count of New referrals for a date range A count by Source types for a date range A count by Abuse types for a date range A count by Disposition for a date range</p>	<p>Referral Log Report with Details</p> <p>Referrals Summary Statistics Report Referrals Summary Statistics Report Referrals Summary Statistics Report Referrals Summary Statistics Report</p>	<p>Reports/ Referrals</p>
<p>• Integrity Review –</p> <p>Cases opened Cases initiated Cases closed Case assignments Cases that are allowed to be purged</p>	<p>Integrity Review Cases Opened Integrity Review Cases Initiated Integrity Review Cases Closed Integrity Review Case Assignments Closed Integrity Review Cases for Possible Purging</p>	<p>Reports/ Integrity Review</p>
<p>÷ Full-scale Review –</p> <p>Cases opened Cases closed Case assignments Cases that are allowed to be purged</p>	<p>Full-scale Review Cases Opened Full-scale Review Cases Closed Full-scale Review Case Assignments Closed Full-scale Cases for Possible Purging</p>	<p>Reports/ Full-scale Review</p>
<p>≠ MFCU Referrals –</p> <p>Submitted to MFCU for a date range Returned by MFCU for a date range</p> <p>Total received for a date range Total returned for a date range Count by Referral Source (received) Count by Referral Source (returned by MFCU) Count by MFCU Disposition (received) Count by MFCU Disposition (returned by MFCU)</p>	<p>MFCU Referral Log Rpt with Details MFCU Referral Log Rpt with Details</p> <p>MFCU Referrals Summary Statistics Rpt MFCU Referrals Summary Statistics Rpt</p>	<p>Reports/ MFCU Referral</p>
<p>≡ Case Review –</p> <p>Case status/overpayment amount Case re-assignment information Client Medical Management (CMM) dates</p>	<p>Case Review Status Case Review Transferred Case Review CMM Monitoring</p>	<p>Reports/ Case Review</p>

<p>≈ Tracking Case Follow-up –</p> <p>IR Cases with correspondence responses due</p> <p>FS Cases with correspondence responses due</p>	<p>Integrity Review Analyst Due Notices</p> <p>Full-scale Review Analyst Due Notices</p>	<p>Reports/ Tracking Follow-up</p>
<p>... Appeals –</p> <p>Received for a date range</p> <p>Count of fair hearing requests for a date range</p> <p>Count of appeal summaries for a date range</p> <p>Count of IFFCs scheduled for a date range</p> <p>Count of IFFCs held for a date range</p> <p>Count of hearings pending decision for date range</p> <p>Count of formal hearings scheduled for date range</p> <p>Count of appeals heard by hearing officer</p> <p>Count of requests to circuit court for a date range</p> <p>Count of appeals to circuit court for date range</p> <p> Appeals Decisions –</p> <p>Count of reduced overpayment amounts</p> <p>Count of denials due to untimely filing</p> <p>Count of overpayment amounts upheld</p> <p>Count of administrative actions upheld</p> <p>Count of cases rescinded/further PRU review</p> <p>Count of decisions reversed</p> <p>Count of requests withdrawn</p> <p>Count of requests with other disposition</p>	<p>Appeal Log Report with Details</p> <p>Appeals Summary Statistics Report</p>	<p>Reports/ Appeal</p>
<p>— Miscellaneous Case Statistics –</p> <p>IR caseload progression statuses for analyst(s)</p>	<p>PRU Statistical Worksheet</p>	<p>Reports/ Statistical Reports</p>
<p>└ Letters Sent –</p> <p>Count of letters sent by letter type for a date range</p>	<p>Number of Letters Sent During a Time Period</p>	<p>Reports/ Statistical Reports</p>

Table 6-1. Report Topics, Names, and Menu Paths.

Appendix A: PRU Frequently Asked Questions (FAQs)

This appendix provides miscellaneous questions and answers about using the PRU system.

Q: How can I tell if a letter requires a response?

A: Look at the profile information for the letter to see if the letter requires a response.

To view profile information for a letter:

- From the Main Interface, click the Codes menu.
- Click the Correspondence Types option.
- Perform a query to find the letter. If you are not sure how the letter is named, perform a General Query to return all correspondence types, and use the Next Row icon on the toolbar to scroll through them.
- When you have found the letter, look in the “Response Required?” checkbox (towards the bottom of the form). If there is a checkmark, the letter requires a response.

Q: How do I generate an Explanation of Medical Benefits (EOMB) letter for a Recipient?

A: On the Recipient form, click the Generate Letters icon on the toolbar to launch the Correspondence That Can Be Application Generated form. Use this form to generate the EOMB letter. (For additional information on using this form, see the “Generating Letters” subsection of Chapter 2.)

To generate an EOMB letter:

- From the Main Interface, click the Ancillary Data menu.
- Click the Recipients option to select it.
- Perform a query to bring up the Recipient to whom you want to send the letter. (For information on how to perform a query, refer to the “Performing Queries” section of Chapter 3.)
- With the Recipient’s record on the screen, click the Generate Letters icon on the toolbar.
- Click the “Generate?” button for the EOMB letter.
- In the “Due” field on the Other Letters pop-up box, type the date that a response will be due.
- Type any comments in the “Comments about this letter” field.
- Click the Generate Letter button.
- Click the Run Report button on the next pop-up form.
- Click the Print button on the Previewer.
- Retrieve the letter from the printer.

Q: When I enter a mailing date for a letter in the Letter Date form, does that information flow into the Correspondence Log?

A: No, it does not. You have to enter letter information in the Correspondence Log separately.

Q: What does the “Who?” button on the Case Review screen do?

A: The “Who?” button launches a form that shows who created, closed, or converted the Case that is currently on the screen. The fields on this form are non-enterable.

Q: What does the “Addr/FIPS Change Info?” on the Provider Maintenance form button do?

A: This button displays a form that shows who made the most recent changes to Provider address and/or FIPS Code fields and when (time and date) he or she made the changes. The form allows you to choose a source for the changed information.

Q: What does the “N/A” radio button (see Figure A-1 below) in the Full-scale Review portion of the Case Review screen do?

A: The “N/A” radio button indicates that Full-scale Review is not applicable for the current Case, either because the Case is still in the Integrity Review phase or because the Case was closed out at the Integrity Review phase. You do not need to select this button; it is selected automatically when you open or close an Integrity Review without opening a Full-scale Review.



Figure A-1. “N/A” Radio Button.

Appendix B: General Business Processes of the Provider Review Unit

This appendix explains the basic business processes that will drive your use of the PRU system.

The following describes general PRU business processes and is not intended to be a comprehensive reference or training tool. For additional reference or training information, see your supervisor.

Integrity Review (IR)

The initial phase for a case is the Integrity Review, wherein the compliance program analyst orders a claims history detail for a three-month period and reviews it for abusive billing patterns. Examples of abusive billing patterns include billing multiple service units, billing lab tests individually rather than as panels, billing for procedures unrelated to diagnosis coding, and high numbers of laboratory procedures per client. When the analysis is completed, the analyst may do one of the following as appropriate:

- Close the case if no abuse is found
- Resolve a problem by means of an educational contact, and refer the case to the Division of Client Services for follow-up
- Collect improper payments identified for more than \$300 but less than \$1,000
- Close the IR and open to Full Scale (FS)
- Refer the case to the Medicaid Fraud Control Unit (MFCU)
- Apply any combination of the previous three items as appropriate

Full Scale Review (FS)

Full Scale reviews may be conducted as desk reviews or as field audits. Desk reviews are done for cases that are expected to involve provider overpayment in the range of \$1,000 to \$3,000. Field audits are conducted when overpayment to a provider is expected to be \$3,000 or more.

For field audits, Surveillance and Utilization Review Subsystem (SURS) audit worksheets are requested for a claims-based or recipient-based statistical sample. Analysts evaluate the samples, and medical consultants make decisions regarding the appropriateness and quality of care. Overpayments discovered in an audit are tallied, and the provider is notified as to the audit results. The provider is advised that he or she may appeal the Department of Medical Assistance Services' findings if he or she disagrees with them.

Appeals Process

Appeals are conducted in accordance with the Administrative Process Act of the Code of Virginia.

In the early stages of the appeal process, the provider requests an informal fact-finding conference (IFFC). The Division Director or his or her designee serves as the moderator during the IFFC, and the provider presents documentation or material relevant to the review.

If the provider does not agree with the findings of the Department following the IFFC, he or she may request a formal evidential hearing with a hearing officer from the Supreme Court of Virginia. An evidential hearing follows courtroom procedures, with witnesses being sworn in; and legal counsel usually represents each of the parties. A court reporter prepares a transcript of the proceedings. The hearing officer advises the agency director of his or her findings and recommendations. The agency director makes a decision on the appeal after receiving the hearing officer's findings and any additional arguments presented by the provider's legal counsel.

Collection of Overpayment

Upon the completion of an audit that requires provider repayment, a findings letter that details the billing errors and states the amount of overpayment is sent to the provider. The Division of Fiscal and Accounting handles payment collection.

Providers may make payments as follows:

- Payment in full by check
- Remittance reductions until the amount of overpayment has been met (NOTE: Once the agency has determined the amount of overpayment, interest is computed on the declining balance at the statutory rate)
- Time payment plan limited to one year (NOTE: An extension not exceeding 36 months may be given if the provider demonstrates financial hardship that results in an inability to repay the amount owed in one year. Interest is computed at the statutory rate.)

Client Medical Management (CMM) Program

When the Department finds that a provider has provided services that are excessive, medically unnecessary, or of a quality that does not meet professionally recognized standards of care, restrictions may be applied as provided for under 42 CFR 431.54 (F) and Virginia State Regulations at VR 460-04-8-3 (Attachment II F). Restriction, as implemented in Virginia, is a partial restriction and involves the provider being restricted from acting as a designated provider, covering, or referral provider for recipients restricted through the Client Medical Management Program for Recipients. The period of restriction is 18 months for claims that occurred before March 1998 and 24 months for claims made during or after March 1998.

Identification of Providers for Possible CMM Restriction

The Provider Review Unit Supervisor identifies those providers in the following SURS categories of service who exceed the peer group average plus one standard deviation on report items that identify number and ratio of services per recipient and per visit:

<u>Category</u>	<u>Category Name</u>	<u>Class</u>	<u>Class Group Name</u>
20	Physician	56	General Practice
20	Physician	60	Internal Medicine/Preventive
20	Physician	62	OB/GYN
20	Physician	67	Pediatric
06	Pharmacist		

The most recent run of Provider SURS is used for the first and second prior quarters to calculate the statistical criteria.

Providers who excepted on the above criteria and who served ten or more recipients in the excepted quarter may be selected for review. Title XVIII (Medicare) services are excluded from review.

Providers who are referred to the Provider Review Unit for allegations of provision of unnecessary or inappropriate services are also evaluated for restriction.

Providers are recommended for restriction if the provider's license to practice has been revoked or suspended in Virginia by the appropriate licensing board.

Evaluation of Providers for Possible CMM Restriction

The program compliance analyst obtains a claims history detail in recipient order for all service dates in the quarter(s) in which the provider excepted or for the prior six months if the provider was identified through referral. The analyst reviews the claims history detail for obvious billing errors, such as misuse of units/visits/studies that might skew statistical ratios of services per recipient. If such errors are found, the analyst recalculates the affected ratios using corrected figures. The analyst then compares results to SURS exception limits for the appropriate report item(s) and peer groups. If the provider's practice ratios are

found to be unexceptional, do not complete Item II on the Client Medical Management for Providers Evaluation Form. The analyst should complete Item III on the form with recommendation for billing review by the Provider Review Unit. If the practice ratios are still exceptional after re-calculation, the analyst should complete Item II on the CMM for Providers form.

Service Pattern

The analyst selects a simple random sample of at least 10% (but no fewer than 10) of the recipients listed on the provider's claim history detail, excluding recipients with Medicare only claims. This portion of the form is to be completed on the evaluation of services provided to or ordered by the provider for these recipients. Claims histories are ordered for each recipient to evaluate ordered services during the review period. Any patterns of service utilization should be noted.

- Visits – Consider all types of visits in relation to frequency and level. Are office or home visits more frequent than monthly? If so, do the diagnoses and/or ancillary services provide medical justification? Are follow-up visits being billed at lower levels?
- Diagnostic Tests – Consider diagnostic tests in relationship to individual patient diagnoses as well as patterns of series of tests ordered for numerous patients with differing diagnoses. Are the same tests ordered repeatedly for the same patients? Are tests usually performed as panels billed individually? Is there evidence of billing for duplicative or overlapping tests on same day for same patient?
- Drugs – Do injection and prescription drugs appear related to diagnoses? Are similar drugs prescribed for patients with dissimilar diagnoses? Are maintenance drugs prescribed or dispensed in reasonable amounts? Are injections used when the drug is more typically administered orally? Are there indications of conflicting or duplicative-purpose drugs being administered or dispensed? Are abuse-prone drugs ordered or dispensed in quantities or for periods of time that could cause dependency problems?
- Other – Consider other potential problems such as unusual numbers of hospitalizations, referrals, x-rays, or procedures not usually performed by a primary care provider.

Summary and Recommendation

Summarize any problems listed above, stating the number or proportion of cases in which there appear to be services provided and/or ordered in an amount or frequency not medically necessary. State recommendation on whether or not the provider should be restricted from being a designated provider for restricted recipients. List here also recommendations, if any, for billing review. The individual completing the form is to sign and date it.

Decision on Recommendation

The analyst reviews the finding and recommendations with the Provider Review Supervisor. The supervisor completes this section, indicating his or her approval or denial of the analyst's recommendation. The supervisor may request additional information prior to making a decision. It is the analyst's responsibility to obtain this information. Following the review with the supervisor, the analyst will prepare a memorandum to be sent to the Director, Division of Program Compliance, outlining the findings of the review.

Distribution of Form

The original evaluation form is to be made part of the case record. A copy goes to the unit supervisor.

Notification of Restriction

The department sends a letter to the provider, informing him or her of the following: the proposed agency restriction that will prohibit him or her from being a designated provider to recipients restricted in the Client Medical Management Program, the basis for the proposed action, a request for additional documentation (if applicable), and notice of the provider's appeal rights.

Providers have 30 calendar days from the date of notification to appeal the proposed restriction.

Appeal Procedures

If the provider chooses to appeal the CMM action, he or she will receive a listing of the recipients and the service period reviewed. An informal fact-finding conference (IFFC) will then take place. If the restriction action is sustained, the provider is offered the opportunity for a formal evidential hearing. Restriction may not be implemented unless the agency action is sustained on appeal or the provider declines to exercise his or her appeal rights.

Implementation of CMM Restriction

The Provider Review Unit notifies the Recipient Monitoring Unit that a provider may not serve as a designated provider to restricted recipients for a period of 18 months (for claims prior to March 1998) or 24 months (for claims made during or after March 1998).

Recipients do not lose reasonable access to services of adequate quality as a result of these restrictions. Provider participation in Virginia allows recipients to exercise choice in their selection of providers from Medicaid-enrolled providers in all areas of the Commonwealth. The Recipient Monitoring Unit and local welfare and health departments are available to assist recipients in the selection of eligible designated providers.

The analyst prepares a notice to the general public regarding the provider restriction action. A newspaper(s) with statewide distribution should print this notice in the legal section. The notice should explain the restriction and duration of the action. A copy of the published notice should be placed in the case folder and a copy sent to the Petty Cash Officer, Division of Fiscal and Accounting.

The analyst prepares a letter for the supervisor's signature to notify HCFA when a restriction has been imposed on a provider.

Review of Restriction Status

SURS exceptions are forced fifteen months following implementation of the restriction action to determine restriction termination or continuation. Restriction is extended another 18 months in the following situations:

- Where new abusive practices are identified
- Where the practices which led to restriction continue
- If restriction is renewed following such an evaluation, the provider must be notified of the agency's proposed action, the basis for the action, and his or her appeal rights. If the provider continues a pattern of apparently medically unnecessary services, a referral may be made to the appropriate peer review group for recommendation and/or action.

In cases where the provider has submitted a number of claims that is insufficient to enable DMAS to conduct a claims history review during the restriction period, restriction is continued until a six-month claims history is available for evaluation.

Appendix C: Federal Information Processing Standards (FIPS) Codes

Table C-1 on the following pages lists Virginia FIPS codes and corresponding localities, phone numbers, and fax numbers.

Code	Locality	Phone	Fax
001	Accomack	757 787-1530	757 787-9303
003	Albemarle	804 972-4010	804 972-4080
005	Alleghany-Covington	540 965-1780	540 965-1787
007	Amelia	804 561-2681	804 561-6040
009	Amherst	804 946-9330	804 946-9319
011	Appomattox	804 352-7125	804 352-0064
013	Arlington	703 228-5055	703 228-5051
015	Staunton-Augusta	540 245-5800	
017	Bath	540 839-7271	540 839-7278
019	Bedford	540 586-7750	540 586-7785
021	Bland	540 688-4111	
023	Botetourt	540 473-8210	540 473-8325
025	Brunswick	804 848-2142	804 848-2828
027	Buchanan	540 935-8106	540 935-5412
029	Buckingham	804 969-4246	804 969-1449
031	Campbell	804 847-0961	804 332-1707
033	Caroline	804 633-5071	
035	Carroll	804 236-7181	804 728-9987
036	Charles City	804 829-9207	804 829-2430
037	Charlotte	804 542-5164	804 542-5692
041	Chesterfield – Colonial Heights	804 748-1100	804 796-1837
043	Clarke	540 955-3700	804 955-3958
045	Craig	540 864-5117	804 864-6662
047	Culpeper	540 825-1251	540 825-1677
049	Cumberland	804 492-4915 or 4916	540 492-9346
051	Dickenson	540 926-1661, 2, 3, or 4	540 926-8144
053	Dinwiddie	804 469-4524	804 469-4506
057	Essex	804 443-3561	Same as phone
059	Fairfax	703 324-7500	703 222-9759
061	Fauquier	540 347-2316	540 341-2788
063	Floyd	540 745-9316	540 745-9325
065	Fluvana	804 824-8221	804 842-2776
067	Franklin	540 483-9247	540 483-1933
069	Frederick	540 665-5688	540 665-5664
071	Giles	540 626-7291	540 626-7911
073	Gloucester	804 693-2671	804 693-5511
075	Goochland	804 556-5332 or 784-5510	804 556-4718
077	Grayson	540 773-2452	540 773-2361
079	Greene	804 985-5246	804 985-3705
081	Greensville – Emporia	804 634-6576	804 634-9504
083	Halifax	804 476-6594	804 476-5258
085	Hanover	804 752-4100	804 752-4110
087	Henrico	804 672-4001	804 672-4006
089	Henry – Martinsville	540 656-4300	804 656-4303
091	Highland	540 468-2199	540 468-3099
093	Isle of Wight	757 365-0880	757 365-0886
095	James City	757 259-3100	757 259-3188
097	King and Queen	804 769-5003	804 785-2603
099	King George	540 775-3544	540 775-3098
101	King William	804 769-4905	804 769-4964
103	Lancaster	804 462-5141	804 462-0330
105	Lee	540 346-1010	540 346-2217

Code	Locality	Phone	Fax
107	Loudon	703 777-0353	703 771-5412
109	Louisa	540 967-1320 or 3804	540 967-0593
111	Lunenburg	804 696-2134	804 696-2534
113	Madison	540 948-5521 or 5531	540 948-3762
115	Mathews	804 725-7192	804 725-7086
117	Mecklenburg	804 738-6138	804 738-6857
119	Middlesex	804 758-2348	804 758-2357
121	Montgomery	540 382-6990	540 382-6945
125	Nelson	804 263-8334	804 263-8605
127	New Kent	804 966-9625	804 730-9550
131	Northampton	757 678-5153	757 678-0475
133	Northumberland	804 580-3477	804 580-5815
135	Nottoway	804 645-8494	804 645-7643
137	Orange	540 672-1155	Same as phone
139	Page	540 743-6568	Same as phone
141	Patrick	540 694-3328 or 4249	540 694-8210
143	Pittsylvania	804 432-7281	804 432-0923
145	Powhatan	804 598-5630	804 598-5614
147	Prince Edward	804 392-3113	804 392-8453
149	Prince George	804 733-2650	804 733-2603
153	Prince William	703 792-7500	703 792-7596
155	Pulaski	540 980-7995	Same as phone
157	Rappahannock	540 675-3313 or 3314	540 675-3315
159	Richmond County	804 646-7430	804 646-7018
161	Roanoke	540 387-6087	540 387-6210
163	Rockbridge	540 463-7143	540 464-9110
165	Harrisonburg – Rockingham	540 574-5100 or 5110	540 574-5127
167	Russell	540 889-2679 or 3031	540 889-2662
169	Scott	540 386-3631	540 386-6031
171	Shenandoah	540 459-3736	540 459-8959
173	Smyth	540 783-8148	540 783-6327
175	Southampton	757 653-3080	757 653-3057
177	Spotsylvania	540 582-7065	540 582-7086
179	Stafford	540 659-8720	540 659-8798
181	Surry	757 294-5240	757 294-5248
183	Sussex	804 246-7020	804 246-2504
185	Tazewell	540 988-2521	540 988-2765
187	Warren	540 635-3430	540 635-8451
191	Washington	540 645-5000	540 645-5055
193	Westmoreland	804 493-9305	804 493-9309
195	Wise	540 328-8056 or 8057	540 328-8632
197	Wythe	540 228-5493 or 5912	540 228-9272
199	York – Poquoson	757 890-3930	757 890-3934
510	Alexandria	703 838-0700	703 836-2355
515	Bedford	540 586-7750	540 586-7785
520	Bristol	540 645-7450	540 645-7475
530	Rockbridge/Buena Vista	540 463-7143	540 464-9110
540	Charlottesville	804 970-3400	804 970-3444
550	Chesapeake	757 382-2000	757 543-1644
560	Clifton Forge	540 863-2525	Same as phone
570	Chesterfield – Colonial Heights	804 748-1100	804 796-1837
580	Alleghany – Covington	540 965-1780	Same as phone

Code	Locality	Phone	Fax
590	Danville	804 799-6543	804 797-8818
595	Greensville – Emporia	804 634-6576	804 634-9504
600	Fairfax	703 324-7500 or 7800	703 222-9759
610	Fairfax	703 324-7500 or 7800	703 222-9759
620	Franklin City	757 562-8520, Ext. 250	757 562-0402
630	Fredericksburg	540 372-1032	Same as phone
640	Galax	540 236-8111	540 236-9313
650	Hampton	757 727-1800	757 727-1835
660	Harrisonburg – Rockingham	540 574-5100 or 5110	540 574-5127
670	Hopewell	804 541-2330	804 541-2347
678	Rockbridge/Lexington	540 463-7143	540 464-9110
680	Lynchburg	804 847-1551	804 847-1462
683	Manassas	703 361-8277	703 361-6933
685	Manassas Park	703 335-8880	703 335-0053
690	Henry – Martinsville	540 656-4300	540 656-4303
700	Newport News	757 926-6300	757 926-6118
710	Norfolk	757 664-6000	757 664-3275
720	Norton	540 679-2701 or 4393	540 679-0607
730	Petersburg	804 861-4720 or 724-8426	804 861-0137
735	York – Poquoson	757 890-3930	757 890-3934
740	Portsmouth	757 398-3600	757 393-5174
750	Radford	540 731-3663	540 731-5000
760	Richmond City	804 780-7430	804 780-7018
770	Roanoke City	540 853-2894	540 853-2027
775	Roanoke County/Salem	540 387-6087	540 387-6210
780	South Boston/Halifax	804 476-7594	804 476-5258
790	Staunton – Augusta	540 245-5800	540 949-0518 (Warrenton)
800	Suffolk	757 539-0216	757 539-2806 or 757 925-6354
810	Virginia Beach	757 437-3200	757 437-3300
820	Waynesboro	540 942-6646	540 942-6671
830	Williamsburg	757 220-6161	757 220-6109
840	Winchester	540 662-3807	Same as phone

Table C-1. FIPS Codes and Localities.

Appendix D: General Information on Relational Databases

This appendix explains the basic functionality of a relational database such as the PRU system.

What is the PRU system, exactly?

The PRU system is a relational database, and that is what makes it especially important and useful.

What is a relational database?

The distinctive feature of a relational database is that pieces of data are linked together, or *related*, so that you can do a search on a piece of information you *do know* in order to find information that you *don't know*. For example, let's say you are interested in looking at the case information for a Medicaid Provider named Dr. Karen Bellows. With a relational database, you can search on "Karen" or "Bellows" to find the related case information. In non-relational databases, searching for "Karen" or "Bellows" only returns names that include either Karen, Bellows, or both.

A relational database can be accessed by an *unlimited number of people from an unlimited number of places*, assuming appropriate network connections and available hardware. This means that a Provider review analyst in Roanoke can enter some information in the database, and an investigator in Richmond can, assuming proper network connections and hardware, access the database and the information entered by the Roanoke investigator. By way of network connections and hardware, a relational database becomes a kind of "shared" or "common" storage space for multiple users.

One implied benefit to using a relational database is that everybody who has access to the database – whether in Roanoke, Richmond, or Norfolk – *has immediate access to the changes and updates to information in the database as they are made*, not hours or days later. This means that everybody has accurate, up-to-date information at all times, without waiting for downloads or file transfers. This makes a relational database an excellent information storage tool for Provider review analysts who are geographically remote from one another.

Make sense?

. *NOTE: There can be downloads or data imports/exports associated with relational databases; the above explanation avoids mention of those things for the sake of offering basic conceptual clarity about what a relational database is.*

Appendix E: Category of Service/Class Group Codes for SURS II

Table E-1 on the following pages lists SURS categories of service and corresponding classes and group/specialty names.

Category of Service	Class	Group/Specialty
01 Inpatient Hospital	01	General Hospital
	02	Med/Surg – MH/MR Hospital
	03	Mental Hospital
	04	Long Stay/TB Hospital
	05	Rehab Hospital
	06	Out of State Inpatient Hospital
	07	Hospice – Inpatient
02 Skilled Nursing Facility	01	SNF
	02	SNF/MH – MR
	03	Out of State SNF
	04	Christian Science SNF
	05	State SNF
03 Outpatient Hospital	01	General Hospital
	02	Med/Surg MH/MR Hospital
	03	Long Stay Hospital
	04	Long Stay MH
	05	Rehab Hospital
	06	Out of State Outpatient Hospital
	07	Outpatient Private Mental Hospital
	08	Hospice – Outpatient
04 Home Health Care	01	Personal Care
	02	Home Health – State
	03	Home Health – Private
	04	Ventilator/Technology Dependent Services
	05	Adult Day Health Care Services
05 Practitioners	01	Psychologist
	02	Clinic – Renal/health Department
	03	Podiatrist
	04	Nurse Practitioners
	05	AMB Surgical Center
	06	Community MH Centers
	07	Out-of-state Clinics
	08	Mat. & Inf. Care Coordinator
	09	Homemaker Services
	10	Nutrition Services
	11	Patient Education Provider
	12	Chiropractor
	13	Nurse – Anesthetist
	14	Speech Language Pathologist
	15	Audiologist
	16	Occupational Therapist
	17	Physical Therapist
	18	Community Health Center
	19	DMHMRSAS/CSB Services
	31	Optometrists
32	Opticians	
53	Rural Health Clinics	
63	Ophthalmologists	
64	Prosthetic Services	
72	School Districts	
88	Multiple Practices	
06 Pharmacy	01	Pharmacy

07 Special Services	85	Pharmacy
	88	Multiple Practices
	89	Out-of-state Clinics
	90	Out-of-state Special Services
	91	Out-of-state Hospital
	92	Out-of-state Nursing Home
	93	Durable Medical Equipment/Supplies
	94	Out-of-state Home Health Agency
	95	Out-of-state Physician
	96	Out-of-state Pharmacy
	97	Out-of-state Dental
	98	Out-of-state Independent Lab Medicare
08 Laboratory	01	Hospital Lab
	02	Independent Lab
10 Intermediate Care Facility	01	ICF
	02	ICF/MH-MR
	03	Out-of-state ICF
	04	State ICF
11 Dental	78	General Practitioner/Periodontist
	79	Orthodontist
	80	Oral Surgeon
	81	Periodontist
	83	Endodontist
	84	Dental Clinics
	88	Multiple Practices
13 Transportation	01	Ambulance
	02	Wheel Chair Van
	03	Taxi
	04	AMB/Wheel Chair Van
	05	AMB/Taxi
	06	AMB/Wheel Chair Van/Taxi
	07	Wheel Chair Van/Taxi
	08	Non-enrolled Taxi
	11	Registered Driver
	21	Air Ambulance

20 Physicians	56	General Practice
	57	Anesthesiology
	58	Proctology
	59	Dermatology
	60	Internal Medicine/Preventive
	61	Neurosurgery
	62	OB/GYN
	63	Ophthalmology
	64	Orthopedic Surgery
	65	Otolaryngology
	66	Pathology
	67	Pediatrics
	68	Physical Medicine & Rehabilitation
	69	Plastic Surgery
	71	Psychiatry
	72	Radiology
	73	General Surgery
	74	Thoracic Surgery
	75	Urology
76	Clinic	
88	Multiple Practices	
95	Out-of-state	

Table E-1. SURS II Categories and Codes.

Appendix F: Miscellaneous Code Abbreviations

This appendix provides explanations for the various abbreviations that you will see throughout the PRU System. For example, you will often see abuse type abbreviations for both Referrals and Cases, but you will not always see the “unabbreviated” words that go with them. In such instances, you can use this appendix for reference.

Consult this appendix for the full names of the following types of abbreviations:

Referral Abuse Type

Referral Source Type

Referral Disposition

Case Source

Case Abuse Type

Reason Integrity Review Case Closed

Client Medical Management Program Type

Reason Full-scale Case Closed

MFCU Referral Disposition

IFFC Type

Final Disposition of Appeal

Correspondence About Type

Correspondence Send To Type

Error Reason Type

Letter Type

Comment Record Type

Other Agency Type

Referral Abuse Type

Abbreviation Code	Meaning
SNR	Billing for Services Not Rendered
QPP	Questionable Prescribing Practices
SBS	Split Billing Services
HLS	Billing Higher Level Services than Rendered
NCS	Billing Patients and Medicaid for Non Covered Services
UUS	Using Unqualified Staff to Perform Services
BFC	Billing Full Components on Lab and X-rays Incorrectly
OTH	Other

Referral Source Type

Abbreviation Code	Meaning
P	Provider
TM	Transportation Manager
PRU	Provider Review Unit
MFCU	Medicaid Fraud Control Unit
DMAS	DMAS staff out of PRU
FMAS	FMAS Corporation
RC	Recipient Complaint
A	Anonymous
F	Family or friend
MOIC	Medicare/Other Insurance Carriers
EOMB	Explanation of Medicaid Benefits
RMU	Recipient Monitoring Unit
O	Other

Referral Disposition

Abbreviation Code	Meaning
A	Assign IR
I	Open case at present time / referred to analyst
N	No activity planned based on screening

Case Source

Abbreviation Code	Meaning
S	SURS
R	Referral

Case Abuse Type

Abbreviation Code	Meaning
SNR	Billing for Services not Rendered
QPP	Questionable Prescribing Practices
SBS	Split Billing Services
HLS	Billing Higher Level Services than Rendered
NCS	Billing Patients and Medicaid for Non Covered Services
UUS	Using Unqualified Staff to Perform Services
BFC	Billing Full Complements on Lab and X-rays Incorrectly
OTH	Other

Abbreviation Code	Meaning
UNK	Unknown – Converted data

Reason Integrity Review Case Closed

Abbreviation Code	Meaning
NA	No abuse found
FS	Open to Full-scale
MF	Referred to Medicaid Fraud Control Unit
ED	Educational Contact
OP	Overpayment Established
DR	Decision to Rescind
OT	Other

Client Medical Management Program Type

Abbreviation Code	Meaning
I	Initial 24-month Lock-out
C	Continued Lock-out
R	Rescinded Lock-out

Reason Full-scale Case Closed

Abbreviation Code	Meaning
NA	No Abuse Found
MF	Referred to Medicaid Fraud Control Unit
ED	Educational Contact
OP	Overpayment Established
DR	Decision Rescinded
OT	Other

MFCU Referral Disposition

Abbreviation Code	Meaning
CON	Conviction
DEC	Declined
FAR	Further Administration Review
CRY	Civil Recovery
RES	Restitution

IFFC Type

Abbreviation Code	Meaning
PER	In person
MAL	Mail
TEL	Telephone

Final Disposition of Appeal

Abbreviation Code	Meaning
ROA	Reduce Overpayment Amount Returned to Unit
DUF	Denied Due to Untimely Filing
OPU	Overpayment Upheld

Abbreviation Code	Meaning
AAU	Administrative Action Upheld
RES	Case Rescinded – Further Review by PRU
REV	Decision Reversed
WID	Withdraw
OTH	Other

Correspondence About Type

Abbreviation Code	Meaning
CR	Case Review
CA	Case Appeal
RF	Referral
RC	Recipient

Correspondence Send To Type

Abbreviation Code	Meaning
PR	Provider
HP	Hospital
RC	Recipient
OA	Other Agencies
FS	Fiscal Division
RM	Recipient Monitoring Unit
OT	Other

Error Reason Type

Abbreviation Code	Meaning
G	Generic
P	Practitioner
R	Pharmacy
T	Transportation

Letter Type

Abbreviation Code	Meaning
L	Letter
F	Form
M	Memo
N	Notice

Comment Record Type

Abbreviation Code	Meaning
PR	Provider
RC	Recipient
HP	Hospital
RF	Referral
CR	Case Review
AP	Case Appeal
MF	MFCU Referral

Other Agency Type

Abbreviation Code	Meaning
MFCU	Medicaid Fraud Control Unit
HCFA	Healthcare Financing Administration
CTU	Client Training Unit
DHP	Department of Health Professions

Glossary

This glossary includes two kinds of terms: PRU software terms and business process terms associated with Medicaid provider review.

Abuse by Providers

Indicates practices which are inconsistent with sound fiscal, business, or medical practices and result in unnecessary costs to the Virginia Medicaid Program or in reimbursement for a level of utilization or pattern of services that is not medically necessary.

Block

A block is an area of a screen or form in the PRU system; it may have shading or outlining to distinguish it from other areas of the screen. A block usually contains data entry fields related to a single topic or subject, like Provider or attorney information.

EOMB Letter

Explanation of Medical Benefits letter. This is a letter that ten percent (10%) of Medicaid recipients receive each month. It lists services that providers claim to have rendered and asks them to verify that they have received the services.

Fraud

Indicates intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

HCFA

Federal Health Care Financing Administration

IFFC

Informal Fact-finding Conference. These are held at the request of a provider who has received notice from the Provider Review Unit that he or she is thought to be guilty of certain provider abuses.

Provider

Individual or facility registered, licensed, and/or certified, as appropriate, and enrolled by DMAS to render services to Medicaid recipients eligible for services.

“Queryable” Field

A “queryable” field is a field that you can use to perform a query. Most fields are queryable.

Query Mode

Query mode is the mode that the PRU system must be in before you can specify query criteria and execute a query. You put the PRU system in query mode by clicking once on the Query icon on the toolbar.

Surveillance and Utilization Review Subsystem (SURS)

A computer subsystem of the Medicaid Management Information System (MMIS) which collects claims data and computes statistical profiles of recipient and provider activity and compares them with that of their particular peer group.