Fraud/Waste/Abuse Activities Report: Case Log INSTRUCTIONS:

- Report BOTH open and closed cases. (We had originally thought that we could exclude open cases, but we're required to monitor those as well.)
- Report suspected fraud/waste/abuse events that you are aware of. For the purposes of these specs, "suspected" fraud/waste/abuse events are those that, upon initial investigation, appear to be intentional attempts at fraud/waste/abuse. DO NOT report issues that appear to be related to carelessness, unintentional errors, or inexperience.
- Each event should correlate to a MCO referral to MMAC.
- For fields with an Acceptable Values list, include ONLY items from that list. Be sure they are spelled EXACTLY as given in the specifications. Even minor deviations in spelling may result in your submission being rejected.
- Submit report in a pipe-delimited ASCII (or DOS) file format. DO NOT save as a Unicode file format. Your IT people will understand the distinction.
- The first row of the pipe-delimited file MUST contain the field names, EXACTLY as indicated in the specifications. Do NOT change spelling or add spaces to field names.
- DO NOT INCLUDE THE PIPE CHARACTER ("|") IN YOUR ACTUAL DATA. The pipe character is ONLY to be used as a delimiter between fields. If you include pipes in your descriptions of events or elsewhere in your data, your file will not import properly and will need to be corrected and resubmitted.

- It's a good idea to search your data for pipes and replace any that are found BEFORE saving your data as a pipe-delimited file. Good replacement characters for pipes are dashes, underscores, backslashes, and forward-slashes. (But it's a better idea to simply not use them in your data in the first place!)
- DO NOT USE COMMAS in your number values. For example, report 1234 and NOT 1,234.
- All Date fields must use a 4-digit year.
- Report the Health Plan Region using only the Acceptable Values. Use the "All" option ONLY for issues that are unable to be assigned to a region. Use 'OutOfState' for issues that pertain to individuals outside of Missouri.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
CalYear	Number		Report the 4-digit calendar year.
CalQuarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter using only the Acceptable Values.
HealthPlanName	Text	HomeState HealthyBlue UnitedHealthcare	Report the Health Plan Name using only the Acceptable Values. NOTE that there are NO SPACES in the plan names in the Acceptable Values list.
HealthPlanRegion	Text	Eastern Central Western Southwestern All OutOfState	Report the Health Plan Region using only the Acceptable Values. Use the "All" option ONLY for issues that are unable to be assigned to a region. Use 'OutOfState' for issues that pertain to individuals outside of Missouri.
SubmittingEmployeeLastName	Text		Revised field. The last name of the employee submitting the Fraud/Waste/Abuse report.
SubmittingEmployeeFirstName	Text		The first name of the employee submitting the Fraud/Waste/Abuse report.
SubmittingEmployeePhone	Text		The phone number of the person submitting the Fraud/Waste/Abuse report. Format phone number as: xxx-xxx-xxxx.
OpenOrClosed	Text	Open Closed	Indicate whether the case being reported has been closed, or is still open. Use only the Acceptable Values.
TypeOfCase	Text	Health Plan Provider Member Health Plan Employee Subcontractor Other	Report the TypeOfCase using only the Acceptable Values.
TypeOfCase_ExplanationOfOther	Text		A description of the type of case for any 'TypeOfCase' of 'Other'.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ProviderOrServiceType	Text	Ambulance Behavioral Health Chiropractor Dental DME Health Plan Hearing Aid Home Health Hospice Hospital Laboratory/Diagnostic Service Long Term Care Facility Member Mental Health NEMT Nurse (RN, NP, CRNA, APN) Optical/Optometrist Outpatient Services (Clinics) Personal Care Pharmacy Physician (MD/DO/PA/AP) Radiology Rehab Facility Rehab Services (OT/PT/ST) Substance Abuse Other	Report the ProviderType using only the Acceptable Values. If the case is related to a member and not a provider, select "Member".
PrimaryPersonInvolvedLastName	Text		Revised field. Last name of the primary person the case is related to.
PrimaryPersonInvolvedFirstName	Text		New field. The first name of the primary person the case is related to.
PrimaryPersonInvolvedAddress1	Text		Revised field. Address1 of the primary person the case is related to.
PrimaryPersonInvolvedAddress2	Text		Address2 of the primary person the case is related to.
PrimaryPersonInvolvedCity	Text		City of the primary person the case is related to.
PrimaryPersonInvolvedState	Text		State of the primary person the case is related to.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
PrimaryPersonInvolvedZIP	Text		ZIP Code of the primary person the case is related to.
IdentifyingNumber	Text		A number that will identify the primary person the case is related to. This is either the member's DCN, or the Provider Number submitted to MO HealthNet in the provider demographic field.
TypeOfIdentifyingNumber	Text	Provider Number Member Number Other	Report the type of identifying number provided in the 'IdentifyingNumber' field, using only the Acceptable Values.
TypeOfIdentifyingNumber_ExplanationOfOther	Text		A description of the type of identifying number for any 'TypeOfIdentifyingNumber' of 'Other'.
ReferralSource	Text	Health Plan State Agency - MHD State Agency - Family Support Division Health Plan Member Health Plan Provider Other	Report the referral source for the case being reported, using only the Acceptable Values.
ReferralSource_ExplanationOfOther	Text		A description of the referral source for any 'ReferralSource' of 'Other'.
CaseOpenedDate	Date		Enter the date the case was identified. Format date as mm/dd/yyyy.
CaseDescription	Text		A description of the case, including names, dates, and other pertinent information that will clearly explain the case.
SummaryOfMCOAction	Text		A description of the activities taken by the Managed Care Plan following the identification of the case.
EstimatedDollarsInvolved	Number		Enter the approximate dollars involved in the case. Round to nearest whole dollar.
ActionTaken_ProviderTerminated	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_ProviderEducation	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ActionTaken_CorrectiveActionPlan	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_RecoupmentOfPayments	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_ProviderSanctions	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_MemberEducation	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_RequestedMemberDisenrollment	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_MemberLockedIn	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_CaseUnsubstantiated	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_Other	Text	Yes No	Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_ExplanationOfOther	Text		A description of the action taken for any 'ActionTaken_Other' of 'Yes'.
ReferredToEnforcement	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to an enforcement entity.
ReferredToEnforcement_HealthPlanInternal	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_MFCU	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_MMAC	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_LocalLawEnforcement	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_LicensingAgency	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ReferredToEnforcement_Other	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_ExplanationOfOther	Text		A description of the enforcement entity for any 'ReferredToEnforcement_Other' of 'Yes'.
CaseClosedDate	Date		The date the case was closed. Format date as mm/dd/yyyy.
AdditionalComments	Text		Enter any additional information not captured in other fields.