

MCM Commission

Step 2 Phase 1 Update
Lisabritt Solsky, Executive Director
Well Sense Health Plan
February 11, 2016

Transitions

- Welcome packets sent to all incoming members with their member handbook and member ID card
- Welcome calls to incoming members to answer questions about the plan or benefits and offer health needs assessment; these calls are ongoing
- Many “high touch” individuals also received rounding in advance of February 1 allowing for greater insight to individual circumstances and opportunities for engagement with member, family and community supports.

Call Center

- First week stats showed steady volume within expectations
- Questions within normal and expected areas for first of the month
- No issues surfaced related to identification of authorized representatives
- No escalations arising out of the call center

An Ounce of Prevention

- Repeated outreach to providers and pharmacies regarding the transition and continuity of care contributed to there being no identified events where an individual could not get a prescription filled or receive a scheduled service
- No issues have arisen regarding inability to arrange needed transportation or missed transportation
- As claims for services rendered come in, denials are reviewed for appropriateness and ensure the member/service isn't entitled to continuity of care
 - Even if a claim denied incorrectly, the provider (or member) can notify the plan and if continuity of care should have been in place, the denial will be overturned.

Care Management

- Well over 200 individuals were identified as High Touch by DHHS; 75% of whom have primary coverage
- Most of these members received or are in the process of receiving outreach from the plan to confirm important demographic information, guardianship, primary coverage and any/all updates entered into all systems for consistency
- CM cases are being opened where needs are identified and members are interested
- Outreach to non-high touch members that we flagged either for non-par provider (e.g. BCH) as well as Private Duty Nursing utilizers
- CM follow up to members identified from multiple other sources e.g. HNA, from Beacon, providers and internal departments

Rapid Response

- Well Sense mobilized cross functional teams to support several incoming members whose situations were particularly concerning in the days leading up to transition and through the first two weeks of operations
- Strong integration with DHHS around these members has resulted in good process outcomes under difficult circumstances

Looking Ahead

- Continued surveillance of claims that deny for these members to assure the denials are proper e.g. Well Sense is secondary
- Conduct assessments of members benefitting from 60 day continuity of care, collect necessary information from providers to make determinations of necessity in the go forward and enter authorizations as appropriate

Questions?

Thank You

Lisabritt Solsky, Executive Director

603-263-3036

lisabritt.solsky@wellsense.org
