

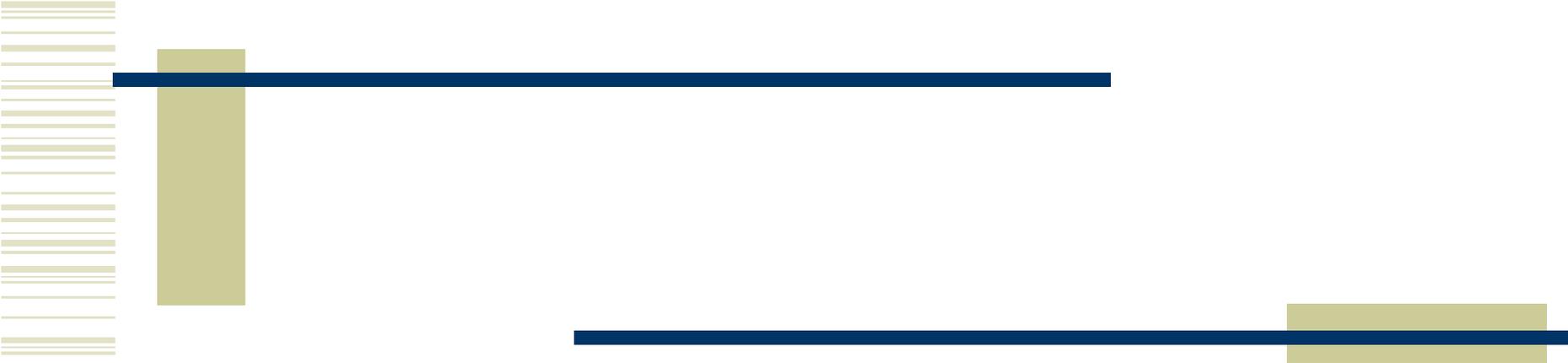
Medicaid Care Management Program Start

MCM Commission Update December 5, 2013



Agenda

- Recent Enrollment Stats
- Readiness Assessment
 - MCO Readiness Review #2
 - DHHS Operational Readiness and Transition Plan
- December 1 and First Week of Program Start
- Initial Reports from health plans



Enrollment Statistics

Health Plan Enrollments Point in Time November 29

Mandatory Individuals

Total Mandatory Clients: 99,849

Total Mandatory Enrolled: 91,002

TOTAL ENROLLED

102,268

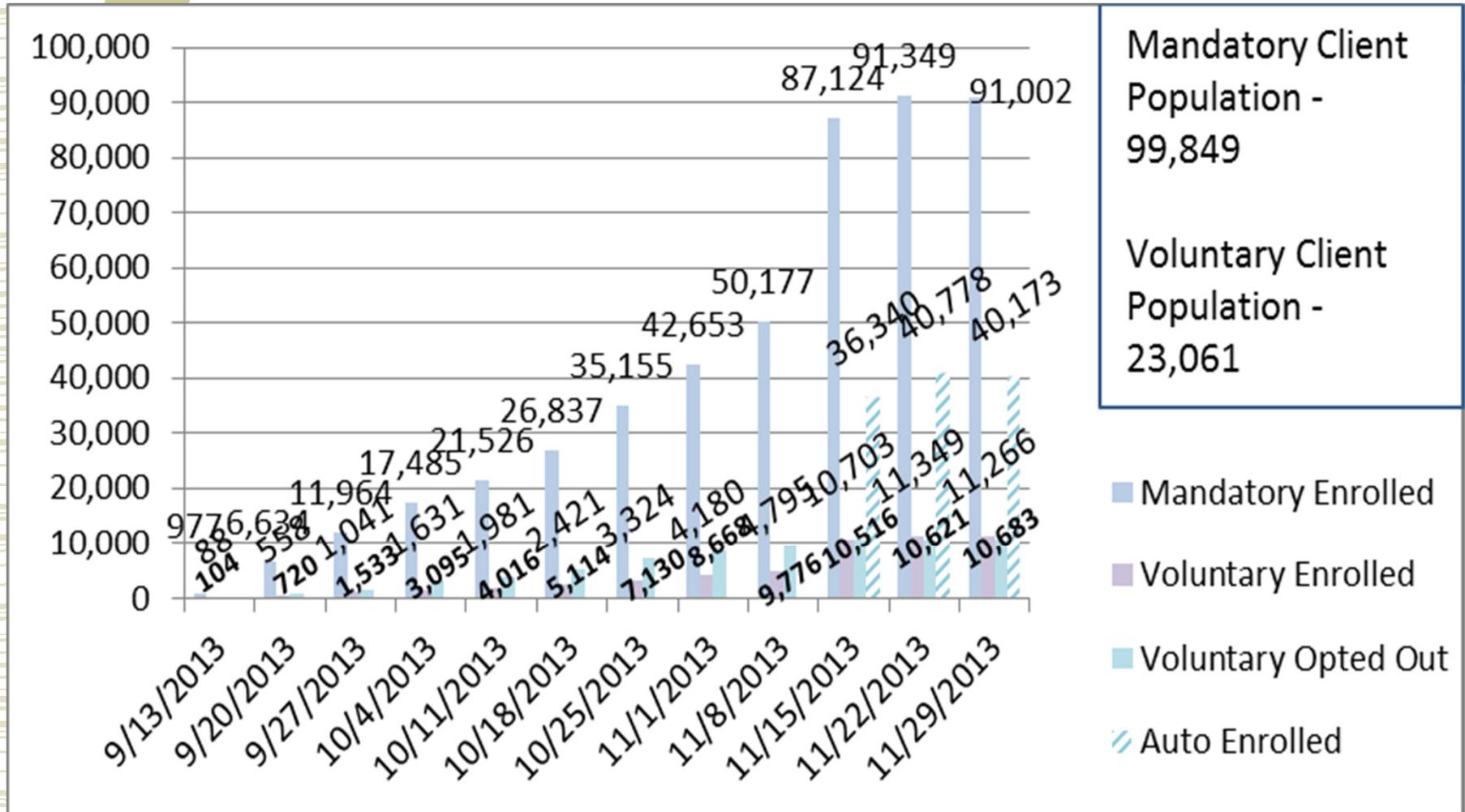
Voluntary Individuals

Total Voluntary Clients: 23,061

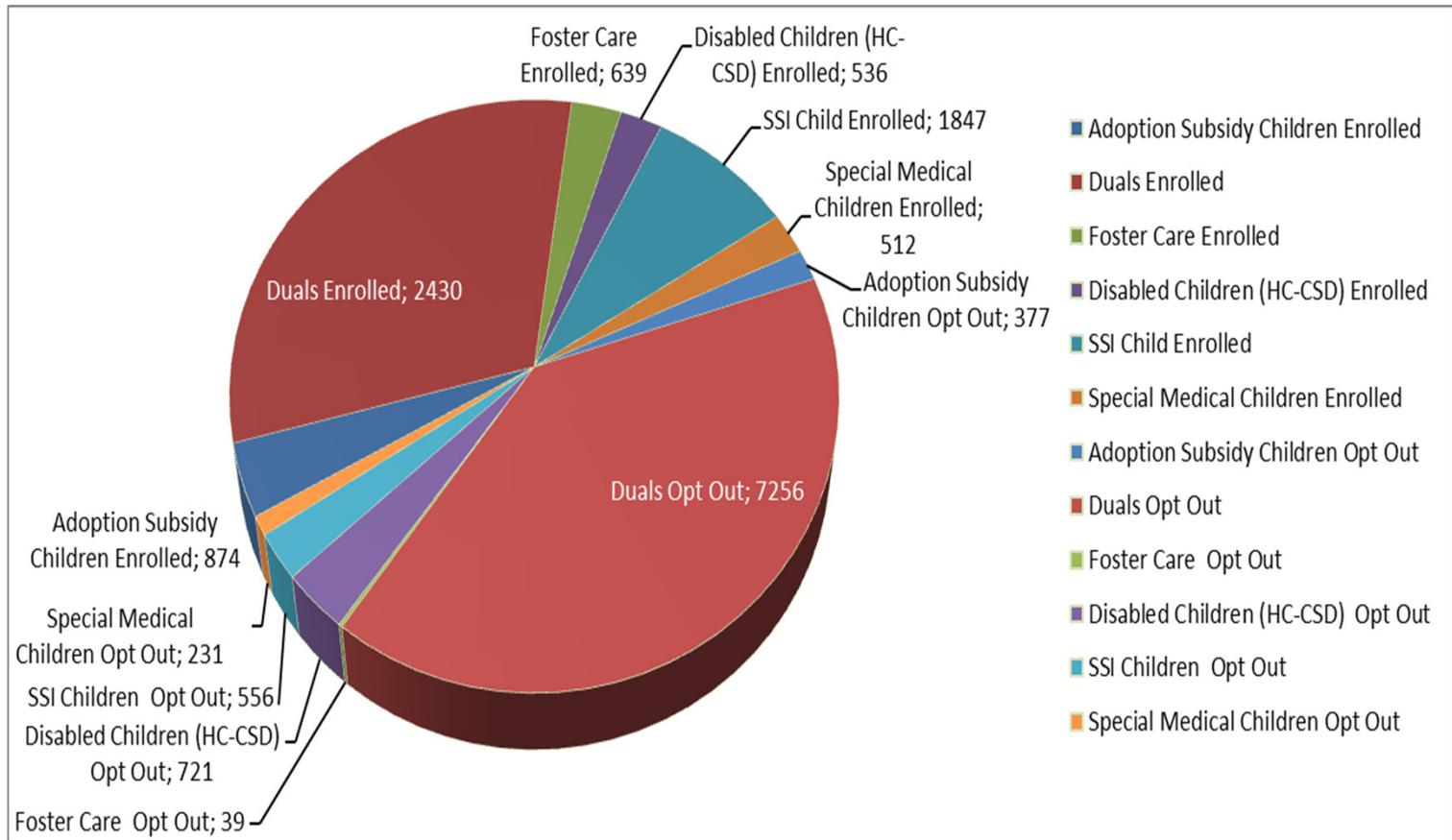
Voluntary Clients Enrolled: 11,266

Total Clients Opted Out: 10,683

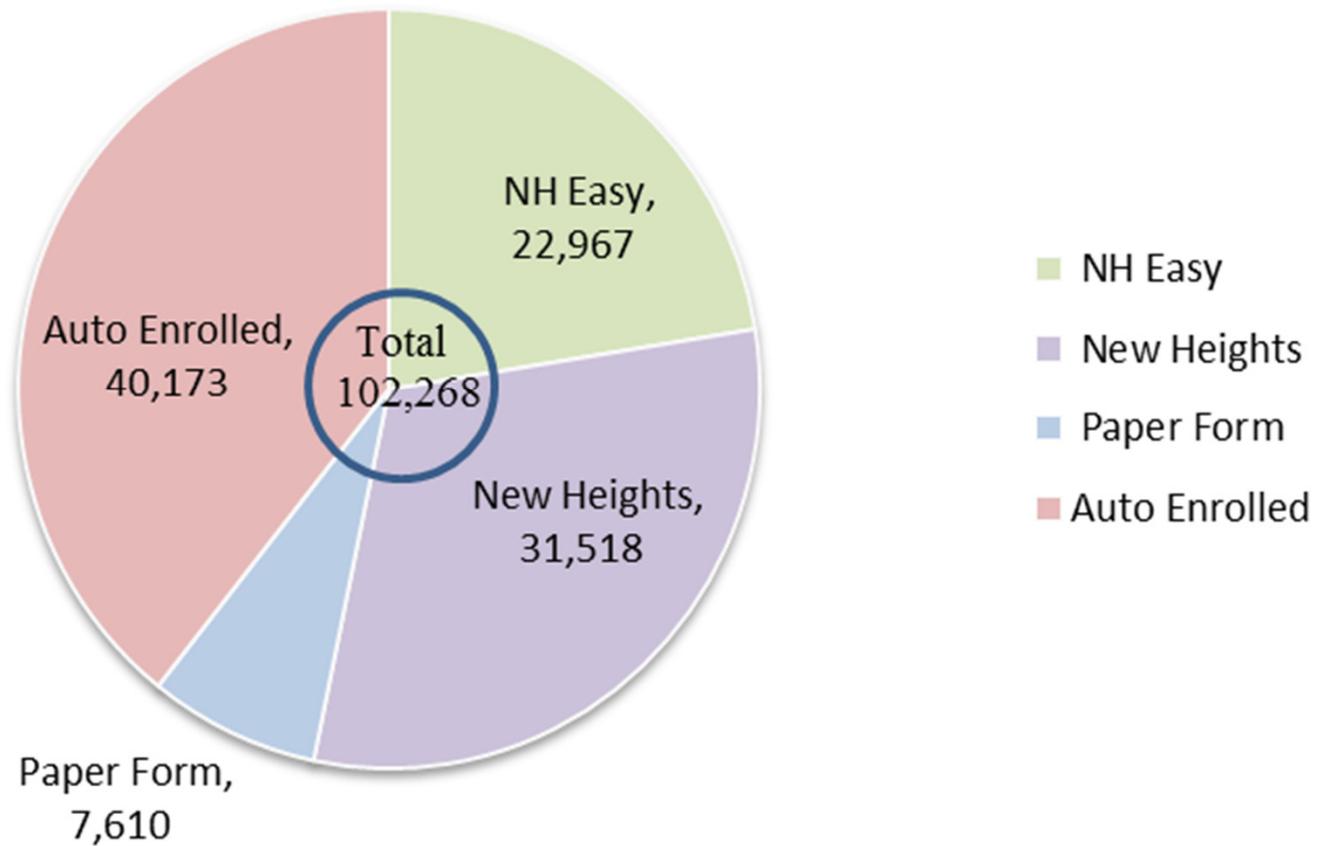
12 Week Trend : Mandatory and Voluntary Enrollments



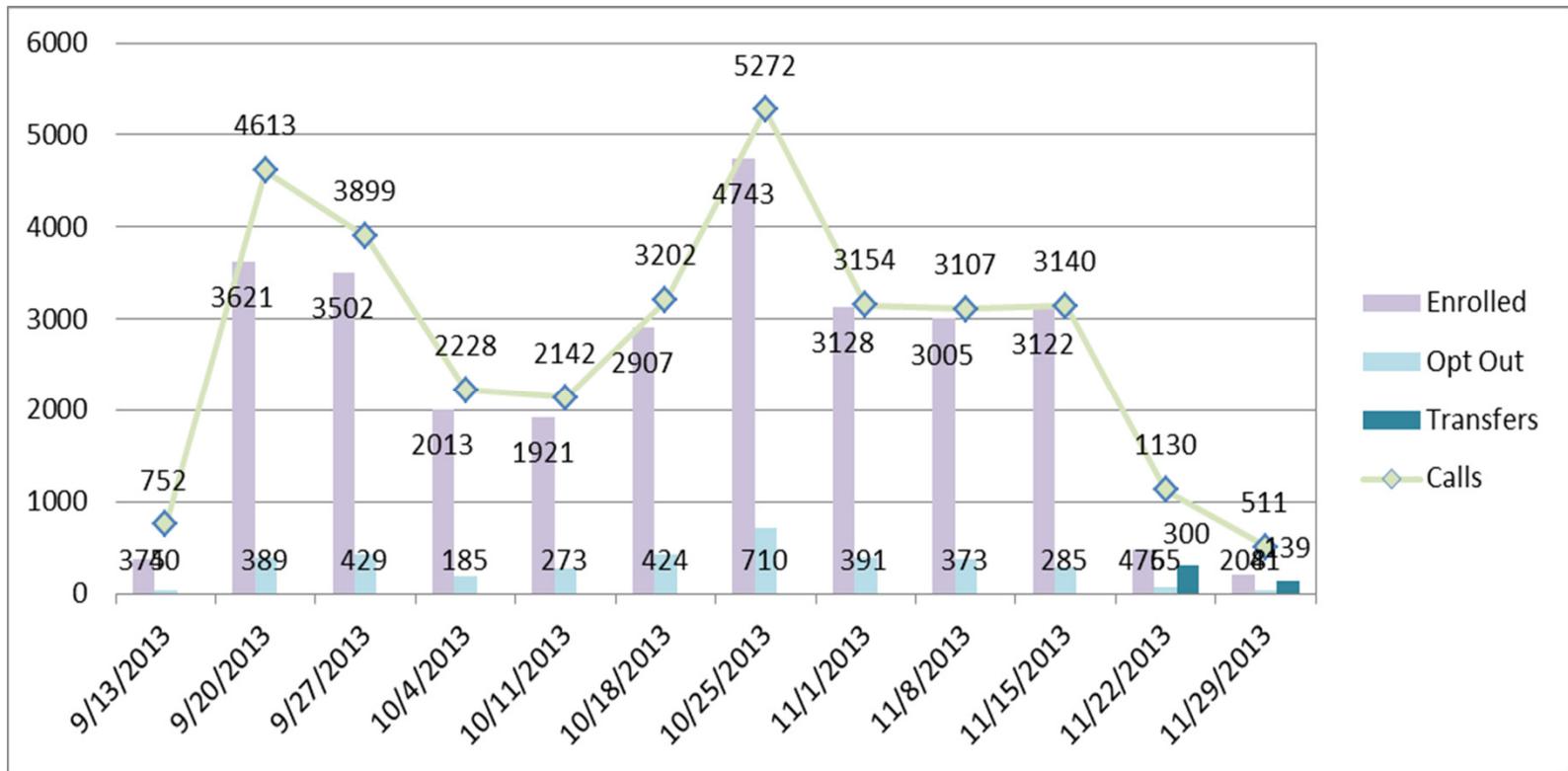
Self Select Voluntary Population Sub-groups

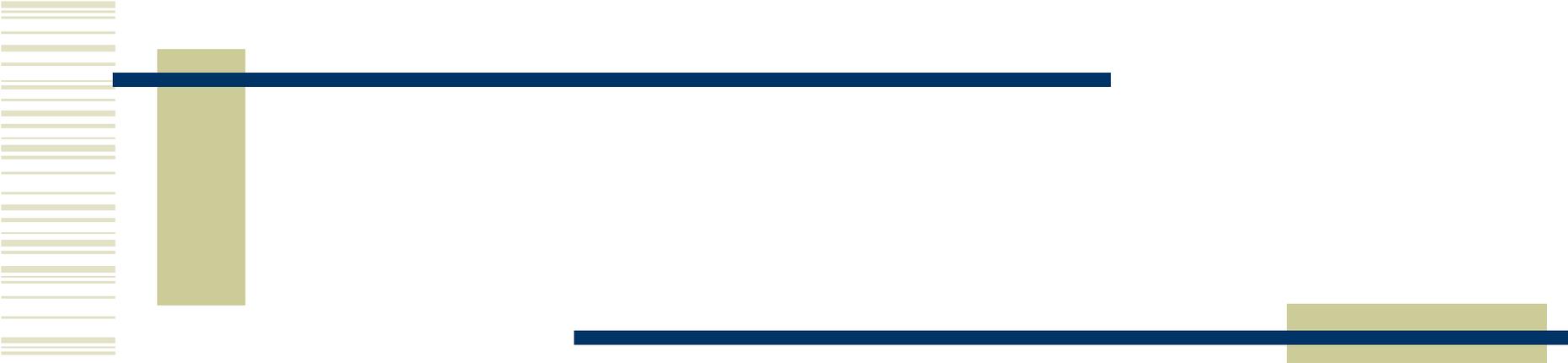


Total Enrollment by Method



Call Center Activity by Week





MCM OPERATIONS

MCO Readiness Assessment

- ◆ Interdepartmental staff assessed MCO readiness over two full days per plan in late October and early November. “RR2”
- ◆ Assessments included end-to-end system walkthroughs, member services, provider relations, transportation coordination, care coordination (including complex member needs), Program Integrity, network and quality

MCO Readiness Review #2

- ◆ System capability was validated by live demonstration of certain functionality e.g. member demographics, care coordination segments, etc. Web functionality confirmed.
- ◆ Call center staff were assessed by ‘use case scenarios’ where we called into the call center and ran a ‘mock’ situation for the rep to handle. Both MCO and transportation vendors assessed.
- ◆ Network needed to be ‘fully adequate’ consistent with NHID rules plus reporting of other types of providers not contemplated in the rules such as methadone clinics, birth centers, DME, home health, and hospice to name a few.
- ◆ PI review included confirmation of adherence to NCQA credentialing requirements and F/W/A protocols

RR2 Conclusions

- ◆ All three plans were determined ready to carry out contract requirements on or before 12/1/13; no CAPs issued
- ◆ “Pass” in any domain not defined by how DHHS would do it or expects it to be done, more simply, will they be able to perform on 12/1
- ◆ Minor findings were noted and resolutions in place in advance of 12/1/13

DHHS Operational Readiness

- ◆ Guiding principals dictated absorbing as much impact from disruption at DHHS & MCO levels, shielding clients and providers.
- ◆ Comprehensive list of what needed to be in place for 12/1/13 program start
- ◆ Risk assessment of soft spots in our readiness along with probability of occurrence and impact statement.
- ◆ Ongoing assessment of risk mitigation, moving reds and yellows to green

DHHS Readiness, cont'd

- ◆ Internal working document of known risks and status of various organizational readiness activities informed Go-No Go decision
- ◆ Known risks as of last week were relatively minor and determined to be things that would not change based on a delay nor to have adverse impact on clients or providers; work arounds were in place to assure smooth transition

Transition

- ◆ Daily checkpoints each day of the long weekend (except Thanksgiving Day).
- ◆ Full compliment of operations and call center staff on site working on Sunday in addition to MCOs being open for business (not weekend hours).
- ◆ Sunday had two checkpoint calls among DHHS team. No significant issues identified.
- ◆ DHHS Call center received no calls Sunday

Go Live

- ◆ Sunday 12/1 102,200+ members were covered by an MCO
- ◆ 8900 +/- individuals who were included in open enrollment had changes in status during open enrollment period and did not have MCM coverage on 12/1; many of whom will on 1/1

First Week

- ◆ Every morning we speak to all three MCOs to review the day that was, stats on call volume, common call reasons, any issues that needed to be elevated
- ◆ Two daily DHHS check points to manage issues and update team on status or log new items
- ◆ Maintain this approach for at least first two weeks until achieve more steady state

Initial MCO Reports

- ◆ Call volume and reasons are within expectations for program start
- ◆ All plans meet or exceed member call center contract requirements re: average speed to answer, time on hold, call abandonment and call resolution rates.

Early Outcomes – Good News

- ◆ Suicidal caller was deescalated by crisis team and care coordination w/ BH provider ensued
- ◆ Coordination for a non-English speaking dialysis patient to permit her to maintain relationship with her preferred transport provider

Ears to the Ground

- ◆ Proactive outreach to NHHA and Bi-State Primary Care soliciting information about experiences to date
- ◆ Follow up with a hospital system to troubleshoot
- ◆ Engagement with other provider types to ease transition based growing pains



Questions?