

DHS MMIS Stabilization Plan (Managed Care)

Purpose:

The purpose of this plan is to outline the various tasks/activities required to stabilize the MMIS for managed care enrollment information. The various tasks/activities in this document have a direct impact to the managed care plans and the clients they serve.

Objective:

Develop a plan that will be used as a communication tool and tracking mechanism to establish a stabilized managed care enrollment and its supporting components.

Introduction:

DHS would like to first take the opportunity to thank everyone for their support and hard work to ensure that Oregon's Medicaid population has good access to health care. I know that many of you are working long hours to ensure our clients receive the care they need. Health care is a vital link to Oregon's viability.

Background Information:

The contract between DHS and EDS specifies a stabilization period for the MMIS in which critical defects in the MMIS would be resolved. The target date for completion of that work is no later than March 1st. DHS is also requesting certain changes to the system to better support processes such as region level auto-enrollment and future looking 834s.

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Summary

We have identified defects and needed system changes leading to issues with recipient, encounter submissions and Managed Care Auto Enrollment. Below is a high level summary of the defects which must be fixed by March 1st according to the contract between DHS and EDS.

Updates to this plan will be in italics and bolded.

1. **Recipient.** There are a number of recipient issues that are impacting the managed care enrollment information.
 - a. The date of death issue has been resolved.
 - b. The client linking is almost completely resolved but there are still a limited number of clients impacted by linking issues.
 - c. The address overlay was completed, but we encountered issues with how it was processed. There is a DHS/EDS taskforce to research the impact of this issue and possible resolution options.
 - i. *The address overlay issue has impacted retro-active adjustments to various clients which are being reflected in the 820 transactions.*
2. **Encounter Submissions.** There are a number of defects that impact claims submission.
 - a. There is an issue with the NPI/Provider number which DHS has establish a task force to work this issue and have a target resolution date of March 16th.
 - b. DHS worked with EDS to acquire additional claims expertise from another state. The claims expert will be on-site in Salem to provide DHS with recommendations to improve claims processing.
3. **Managed Care Auto Enrollment,** There are outstanding defects that directly impact this Auto Enrollment. These defects must be completed so that we can perform auto enrollment at the region level. DHS is putting together a process to do manual enrollments until this functionality is available in the MMIS. Target date: May 1st.
4. **Claims,** *There are three outstanding defects currently impacting claims submission. These defects also impact plans ability to submit encounters. Target date : March 1st.*

High Level Time Line

Managed Care Time Lines								
Title	Feb 9th	Feb 16th	Feb 20th	Feb 27th	March	April	May	
Catch up spreadsheet and 834's	██████████		February 13th					
<i>Calims Defects- Impacting encounter submission</i>	████████████████████				<i>(Add to this version 1.1)</i>			
Maunal enrollment of clients who should have been auto enrolled.	██████████		●	February 23rd	Actual Start Date February 17th			
Pilot auto enrollment single plan area	██████████			February 23rd				
Managed Care Defects	████████████████████				March 1st			
Encounter Submission	████████████████████				March 1st			
CR region level Auto-enrollment	████████████████████						May 1st	
CR Future Looking 834	████████████████████						April 13th	

Detailed list of Defects and Changes

Recipient Coverage letter

The coverage letter will provide DHS recipients with information about their Medical coverage including: managed care enrollment, fee-for-service, third party resource information, co-pays and family member coverage.

Recipient Known issues/Defects

Target Date: March 1st

Issue	Related Defects	Resolution Activities
Address overlay issues.		There is a DHS/EDS task force working to assess the impact of remaining issues and time line for completing data fixes
Client Notice triggers are wrong	23197	In System Test 2-6-09 <i>DHS testing to begin February 23</i> <i>In UAT Testing 3-1-09</i>
Recipient - Address overwritten on Base Info see 23206	23151	Target completion date March 1 st . <i>DHS testing to begin February 23</i> <i>DHS conducted testing and this defect failed testing 2-20-09.</i> <i>Working with EDS on resolution of this defect 2-25-09</i>
Consolidated Notice MC Changes triggers	23679	In System Test 2-6-09 <i>DHS testing to begin February 23rd.</i> <i>In UAT Testing 3-1-09</i>

Recipient System Changes

DHS submitted a system change request to change the wording in the coverage letters. DHS intends to send the letters once defects are resolved and not wait for the changed wording.

DHS is planning to begin producing the recipient coverage notices on March 9th after certain recipient data fixes are made.

Auto Enrollment

The defects identified below impact the ability to perform the auto enrollment function. *When these defects are fixed, DHS will still not be able to turn on the auto enrollment functionality completely until the change request to do auto enrollment at the region level is completed.*

Auto Enrollment Known issues/Defects

Target Date: March 1st

Issue	Related Defects	Resolution Activities
Married Plans The Auto Assignment program has been changed to process both the FCHP and MHO plans simultaneously	22465	In System Test 2-6-09 <i>In User test 2-8-09</i> <i>Defect failed DHS testing 2-17-09</i> <i>In UAT Testing 3-1-09</i>
Threshold Capacity 110%	22632	In System Test 2-6-09 <i>In User test 2-9-09</i> <i>Completed testing ready for production 2-17-09</i>
Exemptions/exclusions	23354	User Testing Complete 2-6-09 <i>In production 2-15-09</i>
Mandatory / Voluntary auto enrollment	20656-0, 22210-0	In Analysis 2-6-09 Resource Assigned 2-7-09 <i>In System test 2-17-00</i> <i>IN UAT Testing 3-1-09</i> In System Test 2-4-09 <i>In User Test 2-5-09</i> <i>Failed UAT 2-28-09</i>
Special Condition logic auto assignment	23477	In System Test 2-6-09 <i>In User Test 2-9-09</i>

		<i>Defect Failed DHS testing 2-17-09</i> <i>UAT test complete 3-1-09</i>
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Auto Enrollment System Changes

DHS has submitted a system change request to allow auto enrollment to occur at the region level. DHS completed the analysis for the size and scope of this request. EDS estimated that with a March 1st start date, this work can be completed by April 20th. DHS will expend significant effort testing the changes between April 20th and May 1st.

Target Date: May 1st.

834 Member Enrollment Files

The MMIS is sending both daily and monthly 834s. There are still defects associated with the 834 process. In addition, DHS submitted a systems change request to add upcoming enrollees to the 834 file.

DHS created spreadsheets to support the recovery plan for enrollments made between December 9th thru January 18th. DHS provided the spreadsheets to four plans participating in the technical group review. These spreadsheets are under review. EDS will begin sending out the spreadsheets and creating the 834 files once we have provided them with the approval to move forward. Target Completion date –February 13th.

834 Known Issues and Defects

Issue	Related Defects	Resolution Activities
New triggers for name and address changes future effective	23672-1	Resource Assigned 2-3-09 <i>Data Model Complete 2-12-09</i>
Inaccurate dates on 834	23098	In Testing 2-6-09 <i>User Testing Completed 2-13-09</i> <i>In production 3-1-09</i>
Duplicate DCO enrollments on 834	23098-2	In Testing 2-6-09 <i>User Testing Completed 2-13-09</i> <i>In production 2-23-09</i>
Inaccurate dates on 834	23098-3	In Analysis 2-4-09 <i>In System Test 2-5-09</i> <i>UAT testing complete 3-1-09</i>
Reporting zero dollar capitations on 834	23426	In Analysis 2-6-09 <i>Defect canceled 2-7-09 (Birthday Perc issue) DHS is working on how to fix this</i>

		<i>issue. (This is not the wrong rate group code issue D and K)</i>
Sorts creating cycle error in 834 production	23427	In System Test 2-6-09 Ready for Production 3-1-09
Suppress blank names in 834	23459	In System Test 2-6-09 <i>UAT testing complete 3-1-09</i>
TPL in HD04 is populated wrong in 834	23525	In System Test 2-6-09 In UAT testing 3-1-09
Code AI should be defaulted for start reason on 834	23573	This is a priority 3 defect no target date established at this time. Resource Assigned 3-1-09

834 System Changes

DHS prepared a system change request for this functionality to be added to the new MMIS. The change request has not been submitted to EDS at this point. We have had initial discussion with EDS to talk about this functionality and have completed the initial analysis work to prepare a system change request. The plan is to begin work effective March 1st.

Target Date: April 13th

820 Group Premium Payment Files

During the address overlay fix, there was an issue with the start/change date that was submitted on the eligibility file that caused some of the recipients eligibility benefit history to be replaced. Many of the recipients have had their historical benefit plans and PERC values replaced with their current benefit plan and PERC, which caused the prior rate groups they were associated with to be affected. The net result due to this issue is that there were adjustments due to the rate group changes that showed up in your 820 transactions as adjustments, either up or down.

DHS has a task force working on this issue with EDS to get this resolved.

Once we have the data fix applied, you should see the adjustments back on the 820 to reflect what is the correct history for that particular recipient.

General Managed Care

There are other defects that are in the managed care area that are also being worked on to be completed by March 1st.

General Managed Care Known Issues and Defects

Issue	Related Defects	Resolution Activities
COIHS membership cut in half	23526-1	In Construction 1-30-09
Maternity Kick Payments Monthly report Kick payment made in error Kick payment not made on the encounter	20571 21975 21975-1, 22339	Completed In System Test 2-6-09 <i>In UAT testing 3-1-09</i> In System Test 2-6-09 <i>In UAT Testing 3-1-09</i> In System Test 2-6-09 <i>UAT testing complete 3-1-09</i>
Mass Transfer Function	22637 23366-1	In System Testing 2-6-09 <i>Defect failed DHS testing 2-17-09</i> <i>IN UAT Testing 3-1-09</i> <i>Completed</i>
Newborns- auto enrollment	21344-2	In User Testing 2-8-09 <i>Defect failed DHS testing 2-17-09</i> <i>In UAT testing 3-1-09</i>

General Managed Care System Changes

There are no outstanding critical systems changes beyond the regional auto enrollment and future looking 834 functionality.

837 Defects/Issues

There are no specific defects associated directly to the 837 transaction. There are defects and issues for other items that impact the 837 submission.

- NPI- There is a DHS task force working on the NPI/provider number issue. Target completion date is March 16th.
- Claims defects- there are a number of claims defects that impact the 837 submissions. DHS currently has a on-going focus session to address claims defects, there are a number of defects that DHS has in contract with EDS to have completed by March 1st.

Claims Defects

Issue	Related Defects	Resolution Activities
<i>NPI –Calims process logic to be NPI, Taxonomy, Zip+4.</i>	23015	<i>System Test Completed 2-13-09 DHS System Test 2-17-09 In UAT testing 2-27-09</i>
<i>NPI- Rleated to 23015 above</i>	22555	<i>Working with DHS to see if defect 23015 resolves this defect. 2-9-09</i>

- EDS at the request of DHS, is bringing a claims manager from one of their other states to assist us in identifying specific claims issues and provide DHS with recommendations for process improvement and claims inventory management.

***DHS is recommending that when we are ready to start receiving 837's that we do a test pilot with either the technical group, for volunteers from the plans.
Begin Pilot on March 2nd.***

February 2, 2009 issues

Issue	Related Defects	Resolution Activities
1) It was requested that we clarify which of the files produced since 1/28/09 should be considered 'good' and should be processed.		(1-6 from Feb. 2 nd memo from Sean Daly to the plans) Done
2) It was requested that we perform a current enrollment count for each plan, compare it to the enrolled members reported in the monthly 834, and also to the 834 spreadsheets produced.		Underway
3) It was requested that we produce a processing schedule reflecting when to expect 834 daily and monthly files and make it available to all plans		Done
4) It was requested that we make the 834 'catch up' spreadsheets available to these four companies (LIPA, ODS, PHTech, and Familycare) for review prior to broader distribution.		Done
5) It was requested that we produce a set of sample/example 834 transactions and make them available to all plans to illustrate how certain changes/adds/terms are to be represented in the 834 daily.		Not as high a priority as other things
6) It was requested, as a matter of high priority, that the missing transactions		Expect to be done 2/6

representing terminations of enrollment for January month-end be produced in 834 format and distributed to all plans.		
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Auto Enrollment Recovery Plan

The detailed Auto Enrollment Recovery Plan is attached. The plan describes the actions necessary to implement the regional auto enrollment functionality as well as the manual workaround until the new functionality is implemented. DHS is currently in the process of putting together a plan that will identify recipients who should have been enrolled but are not, to be enrolled manually. We do not have a target date for this activity to begin, but will have a date by February 13th.

Supporting Managed Care Activities

Weekly Managed Care Conference Calls

Weekly managed care teleconference are schedule through the month of February to discuss specific issues the plans are seeing and to present information to the plans on what items DHS is working on and target dates for completion of these items.

Technical Support Team

Four plans have IT members who are working directly with DHS and EDS to review and provide technical information regarding issues they are seeing with 834’s spreadsheets, etc.

Monthly Managed Care Meetings

We have on-going Managed care meetings scheduled to meet with the plans and discuss items of interested and to receive feedback.

Attachment 1: Auto Enrollment

Issue: The auto enrollment functionality, for recipients who live in a mandatory enrollment area and are not enrolled, for the most part has been turned off. Outlined in step 1 below are the areas where the auto enrollment functionality is still turned on. The managed care plans would like DHS to have a plan for when this functionality will be turned back on as this is impacting the number of enrollees they have in their plans. If we were to turn on the auto enrollment functionality those plans with the largest capacity would receive the most enrollments, this would have a disadvantage to the smaller plans, and since the capacity limits are not working they would receive enrollments exceeding their capacity. Recipients would have to be shifted between plans, thereby causing confusion for the recipient, and also the capitation adjustments would be confusing to the plans.

Background: During the User Acceptance Testing, it was discovered that the new MMIS did not perform the auto enrollment functionality as need by DHS. In addition there were a number of defects discovered that prevented this functionality from working properly. As of today there are still a number of defects and recipients issues impacting the auto-enrollment functionality.

Objective: Put together a plan that outlines when the auto enrollment functionality will be operational and possible work around options that DHS can utilize in the mean time.

Recommendation: After a series of MC Focus meetings it is recommend that DHS consider a multi stepped approach in communicating DHS' action plan for utilizing the auto enrollment functionality.

Target Date: March 2nd to begin to modify auto enrollment functioning for all MC Plans at the region level. (Work with EDS to review DDI Plan for CR-955)

Step 1. MC Communication Plan

Communicate to the plans what parts of auto enrollment are functioning today and what work around is being used to support this functionality. Discussed during teleconference with MC Plans on January 28th

Examples:

- When eligibility is restored to clients who have a break in eligibility, those clients are re-enrolled into MC plans based upon the re-enrollment criteria established for that particular plan.
- Married plan requires FamilyCare FCHP and MHO. A workaround is in place to turn off the auto enrollment, EDS is providing a list for CES staff to manually enter these clients
- MHO enrollment is working in most areas

Step 2. Complete the clean up of recipient issues:

- Date of Death – new list provided to DHS for review 1-23-08- **Completed**
- Recipient Linking – Rich working with CMU, CAF CW and SPD to complete this task. - **Completed**
- Recipient ineligibility when recipient is eligible – being worked when identified.
- Address Overlay issues – A DHS task force is looking at the size and impact of this issue.

Step 3. EDS to outline time line and complete work on various MC defects

- Married Plans – defect #
- Threshold Capacity 110% - defect #22632
- Exemptions/exclusions- defect # 23354
 - Target completion date is March 1st- **Currently being tested by DHS.**

Step 4. Grant approval to begin work on region level auto enrollment. CR-955

DHS has submitted a change request for EDS to change the functionality in the core MMIS to conduct auto enrollment at the region level vs the plan level. We are targeting work to begin on this change request on March 1st.

Step 5. Utilize the report to conduct manual auto enrollment

DHS will need to establish a process for using a report and conduct random assignment methodology that can be communicated and accepted by the MC Plans.

Target date is February 17th.

DHS is currently doing a manual enrollment process outside of the real time enrollment done in the field offices.

Step 6. Phase in the auto enrollment process for single plan areas

Once the defects impacting auto enrollment are fix, identified in step 3 above, then turn on auto enrollment in single plan areas.

There will need to be a careful review of areas where there is overlapping zip codes.

Target is February 23rd. –***DHS is completing its testing of the auto-enrollment defects, once that is completed we can begin the single plan enrollment process.***

Step 7. Develop a plan and time line for auto enrollment

Once DHS has provided EDS with the approval to move forward with CR-955, then utilize the DDI plan for that defect to create a time line for when auto enrollment will be ready. Target date of May 1st.

Step 8. Develop a communication plan
Develop a communication plan for the MC plans.

Projected Time-Line

February 9th

Develop communication to discuss with MC Plans on 2-11-09, regarding what part of the Auto-enrollment functionality is working

February 11th

Teleconference with Plans

Recipient Linking and DOD issue resolved

Develop process for working report for manual auto enrollment

- Randomization methodology for enrollment
- Staffing issues

February 13th

Develop communication to discuss with plans on manual work around for Auto-enrollment.

Draft Plan has been developed- revisions are being made, plan to submit to plans on 2-17-09

February 17th

Begin manual work around for recipients identified on *report for recipients who are eligible for enrollment in mandatory areas.*

February 18th

Teleconference with Plans

February 23rd

Begin single plan auto enrollment

February 28th

Defects identified in MC Stabilization Plan are completed.

March 1st

EDS to begin work on:

CR-955- auto enrollment at the region level

CR- 16286 for future looking 834, events as they happen in the MMIS

(Need to discuss with the plans the impact this has on what they will see through the web portal, AVR and 271 responses.

May 1st

Begin auto enrollment for all plans in all areas.