

## **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:***

Since implementation of the new MMIS on December 9, 2008, an attempt has been made by EDS to stabilize the system and prepare for CMS Certification Review. Several areas of the system are still not stable. This instability has necessitated numerous workarounds by DHS staff and Medicaid providers in order to maintain a certain level of service to our clients. In an effort to provide relief to MMIS users and to stabilize the system as soon as possible, MMIS Managers (DHS and EDS) conceived a plan to focus efforts on the areas of the system that are most impacting users, providers and clients. It was decided that the first three areas of focus would be 1) overcoming issues preventing the production and mailing of the Client Coverage letters and Medical ID's, 2) stabilizing the Managed Care subsystem and 3) repairing the Recipient History Overlay. A pair of Co-managers was assigned to lead the efforts in each of these areas. The Co-managers are: Rich Krummel and Jim Pinney for the Client Coverage Letter focus, Randy Canoy and Sean Daly for the Managed Care focus, and Kurtis Danko and Jerry Armstrong for the Recipient History Repair focus.

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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 1<sup>st</sup> according to the contract between DHS and EDS. *Updates to this plan will be in italics and bolded.*

1. **Recipient.** There are recipient issues that are impacting the managed care enrollment information.
  - a. The coverage notice/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. This is one of the top three priority issues that DHS has identified and included in the DHS MMIS Stabilization Plan.
    - i. An analysis of the coverage notice/address issue was completed and approximately 6400 addresses are suspect. Of those 4025 are in managed care plans. DHS will be preparing list to send to each plan with their suspect addresses identified. ***DHS is separating the address list for each plan and DHS has a target date of April 14<sup>th</sup> to send each plan their list.***
  - b. The recipient data fix for history eligibility is still an issue.
    - i. The recipient data fix issue has impacted retro-active adjustments to various clients which are being reflected in the 820 transactions. The recipient data fix has a task force assigned to it and a plan has been developed with timelines to fix this issue. This issue is one of the top three priority issues that DHS has identified and included in the DHS MMIS Stabilization Plan.
2. **Encounter Submissions.**
  - a. DHS has begun its testing for encounter submission. The initial test looks good and DHS will continue its testing until May 1<sup>st</sup>.
  - b. DHS has a target date to begin encounter submissions on May 1<sup>st</sup>. Patricia Krewson, has developed an implementation plan for encounter submissions.

3. **Issues impacting Manage Care**

a. DHS has identified the below list of Managed Care issues as one of its top three priorities in the DHS MMIS stabilization plan.

- i. Correct Auto Assignment issues identified in pilot test with Malheur county.
  - 1. Voluntary zip(s) included in auto assignment
  - 2. Excluded voluntary PERC codes from auto-assignment.
- ii. Install auto assignment at the region level.
- iii. Correct real-time enrollment issues
  - 1. Returning multiple copies of the same plan
  - 2. Fix overlapping enrollment issues
  - 3. Fix Fips/Zip code issues
- iv. Correct 834 issues
  - 1. Fix defects associated with code “25”
  - 2. Report benefit plan changes
  - 3. Install future looking 834
- v. Correct rate code D & K issue
  - 1. Align PERC code to correct rate group
  - 2. Fix defects associated with code “25”
  - 3. Report benefit plan changes
  - 4. Install future looking 834

b.

4. **Managed Care Auto Enrollment**, There are outstanding defects and a system change request that directly impact the ability for the system to conduct the auto enrollment process. These defects and system change request 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 1<sup>st</sup>.

- a. DHS has begun manual enrollment and will continue manual enrollment until the auto-enrollment system change request is completed.
- b. EDS is still on Target to have the functionality for the auto enrollment at the region level in place on May 1<sup>st</sup>.

## Time Line April 2009

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6	7	8	9	10 Provide list of Excluded PERC Codes for Auto-assignment	11 EDS researching voluntary area inclusion in auto-enrollment.	12 Future looking 834 moved to production Promotion of defect 23573 834 INS04 code 25 issue. Promotion of defect 22678 benefit plan changes reported on 834.
13 Approval of auto-assignment implementation schedule	14 Validation of Daily 834 due to data fix.  List of Excluded PERC codes sent to EDS.  Implementation Scheduled approved.	15  Produce future looking 834	16 Send future looking 834 to MC Tech group for review.	17 Meeting with MC Tech group future looking 834. Promote code for Auto Assignment to testing environment  DHS complete testing on D& K rate code issue	18	19
20 Install changes to auto-assignment for excluded programs	21	22 Meeting with Managed Care plans	23	24	25	26
27	28 Conduct test of auto-assignment ODS Malheur County.	29 Meeting with Managed Care plans	30 Complete testing of Auto-Assignment functionality.			

## Time Line May 2009

Time Line May 2009						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				1 Begin Auto-Assignment Marion County	2	3
4	5 Conduct Validation of Auto-Assignment Marion County	6 Complete Validation of Auto Assignment Marion County Meeting with Managed Care plans	7 Begin Auto-Assignment Linn/Benton Counties	8 Conduct Validation of Auto-Assignment Linn/Benton Counties	9	10
11	12 Complete Validation of Auto-Assignment Linn/Benton Counties	13 Begin Auto-Assignment, Polk, Yamhill, Coos, Curry and Harney Counties Meeting with Managed Care plans	14 Conduct Validation of Auto-Assignment for Polk, Yamhill, Coos, Curry and Harney Counties	15 Turn on Auto-Assignment for remaining counties and tri-county MHO's.	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## Additional items to be worked:

Birthday/PERC issue

834 changes (code 33)

Managed care enrollment auto- comparison of what is in MMIS, 834, and 820.

## Detailed list of Defects and Changes

### Recipient Coverage letter/address overlay

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.

There are two parts to this issue.

First sending all clients a coverage notice- mass mailing

Second sending out daily coverage notices to clients who have changes, these changes can be eligibility related (new benefit package, new member who is Medicaid eligible added to the household), managed care enrollment changes (enrolled in a plan, changed plans)

### Recipient Coverage letter/address overlay Known issues/Defects

Target Date: April 2009

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 is continuing its testing of this defect and resolving additional issues that have been discovered. 4-14-09</i>

Consolidated Notice MC Changes triggers	23679	In System Test 2-6-09 <i>DHS is continuing its testing of this defect and resolving additional issues that have been discovered. 4-14-09</i>
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**Recipient coverage letter/address overlay system issues.**

***DHS is currently not producing or sending the coverage notice to recipients. DHS has developed a DHS MMIS Stabilization plan and has identified this issue as one of the top three priorities for DHS and EDS to focus on.***

## ***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: May 1<sup>st</sup>

<b>Issue</b>	<b>Related Defects</b>	<b>Resolution Activities</b>
Permitting duplicate plan enrollment	24076-0 24076-2	<i>In UAT testing 4-12-09 Data fix for defect 24076-0</i>
Mismatch on residential Fips/Zip codes	24078	<i>Issue identified stats 4-12-09</i>

### **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 1<sup>st</sup> start date, this work can be completed by April 20<sup>th</sup>. DHS will expend significant effort testing the changes between April 20<sup>th</sup> and May 1<sup>st</sup>.

Target Date: May 1<sup>st</sup>.

***DHS has approved the design for the system change request- this is now in construction. 3-17-09.***

***This change request is still tracking to the May 1<sup>st</sup> implementation date – 4-14-09***

## 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 18<sup>th</sup>. 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 13<sup>th</sup>. ***DHS has identified that the recipient data fix is impacting the recovery files. DHS is currently working out the plan to fix the recipient data and provide a time for the completion of that activity. Target date April 3<sup>rd</sup> to start and end date is April 20<sup>th</sup>. DHS began testing the recipient data fix on March 30<sup>th</sup>.***

## 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> <b><i>In system test 3-23-09</i></b> <b><i>In User testing 4-3-09</i></b> <b><i>Testing completed 4-10-09</i></b>
TPL in HD04 is populated wrong in 834	23525	In System Test 2-6-09 <b><i>In User testing 3-19-09</i></b>
Code AI should be defaulted for start reason on 834	23573	This is a priority 3 defect no target date established at this time. <b><i>Resource Assigned 3-1-09</i></b> <b><i>In system test 4-3-09</i></b> <b><i>Testing completed 4-10-09</i></b>

## **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 1<sup>st</sup>.

*March 1<sup>st</sup> work began on the system change request. The design for the system change has been approved and is now in construction. We are still tracking to the April 13<sup>th</sup> date. We discussed the future looking 834 with some members of the plans technical group on March 31<sup>st</sup>.*

*EDS has completed system testing and will be moving this into User testing. 4-8-09*

Target Date: April 13<sup>th</sup>

*DHS is working with EDS to analysis the change transactions, we discovered a defect that we are working to resolve, and provide more detail of what is included as change and will work with the plans to resolve this issue.*

## **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.*

## 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 16<sup>th</sup>.
- 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 1<sup>st</sup>.

### *Claims Defects*

<b>Issue</b>	<b>Related Defects</b>	<b>Resolution Activities</b>
<i>NPI- Rleated to 23015 above</i>	<i>22555</i>	<i>Working with DHS to see if defect 23015 resolves this defect. 2-9-09 UAT Testing Failed 3-18-09 In review 3-25-09</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 May 1<sup>st</sup>.*

## 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 <sup>nd</sup> 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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**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.