

# Readiness Reviews

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# What is a Readiness Review?

- Readiness review is a comprehensive assessment by DHHS of the managed care organization's readiness to commence provision of coverage to Medicaid enrollees.
- Readiness reviews focus on people, process and technology necessary to support the business functions for contract compliance
- DHHS uses a dynamic team of subject matter experts which includes representation from CMS Regional and Central Offices



# Readiness Review is not GOTCHA!

- Rather it is a collaborative exercise designed to reveal what is working as envisioned and where there are areas for improvement *such that process improvement can occur prior to the launch of the program.*
- Readiness tools are shared with the MCOs in advance to assure they are prepared to present all the necessary information and demonstrations in an efficient and comprehensive way.



# Readiness Review Components

- Document review – typically completed before onsite visit includes member & provider facing materials, marketing materials, policies and the like.
- Live system demonstrations – the MCO demonstrates their system capabilities to load member demographics accurately, to retrieve member information by call center staff, to process claims correctly, record outreach efforts, and more.



# Consumer Experience

- DHHS creates 'use case scenarios' that cover the most common types of member or provider concerns and then runs the scenarios as a role play with appropriate staff with responsibility for the particular need. Examples are arranging transportation, looking for a provider, crisis caller, benefit inquiry, and complex high-need member in need of care coordination and/or case management.

# Network Adequacy

- Network adequacy is assessed based on NHID rules.
- It is a point in time theoretical determination of whether there are enough providers of a certain type to meet the needs of membership of a certain size.
- It is not a proxy for access or disruption.

# Step 1 Network Adequacy

- Readiness Review #1 was triggered by the plans assurances, later validated by DHHS, that they had a network that could assure compliance with NHID standards for 80% of their anticipated membership.
- Each MCO was to assume 50% of the potential mandatory enrollment and 25% of the voluntary enrollment.
- DHHS issued member counts by zip code.
- Readiness Review #2 was a time certain by which the MCOs had to demonstrate that 90% of the membership (again 50% of the mandatorics, 25% of the voluntaries) would meet the NHID standards.
- The high assumption of membership per MCO assured that each MCO had excess capacity since 150% of the potential membership was being matched to providers



# NHHPP Network Adequacy

- DHHS could not issue a member count by zip code because we didn't know who these folks would be, from what zip code or how quickly they would enroll.
- Having essentially demonstrated excess capacity in Step 1 provided high level assurance of the adequacy of the existing network for most care.
- DHHS created a standard for SUD providers.
- For NHHPP, ongoing monitoring of network is key in more ways than with Step 1 as we learn more about the membership.



# Looking Ahead: Step 2, Phase 1 Network Adequacy

- Many of the tools and approaches to Step 1 network adequacy are exportable to Step 2, particularly because we know
  - Who the members are and where they are;
  - Some are already in a health plan so we can easily assess the presence or absence of a treating provider of CFI services, for example.

# Step 2 Readiness

## What Will Be Different

- Care and creativity will be taken to assure acceptable levels of competency in managing the Step 2 populations with particular attention being paid to assessing the flexibility of policies and procedures to not rely wholesale on a medical model but to look at the whole person.
- Use case scenarios will be used again, likely with some real members, where we will test both the people and processes for this competency.



# Plenty to Do Before Readiness for both DHHS and the MCOs

- With the actual readiness reviews being about a half a year away, there is plenty of time to develop more of the details, tools, scenarios and the like.
- DHHS and the MCOs have been meeting weekly to provide insight and discussion regarding all aspects of current LTCSS, both what works and where there is opportunity for improvement and innovation.
- MCOs are also developing relationships with some LTCSS providers and stakeholders.



Questions?

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