

# Iowa Department of Human Services



## Findings from the 2015 MCO Readiness Review Process



30 S. Wacker Drive  
Suite 3100  
Chicago, IL 60606  
[www.navigant.com](http://www.navigant.com)

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HEALTHCARE

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## Findings from 2015 Amerigroup Iowa Readiness Review

### I. INTRODUCTION

The State of Iowa is working to implement a comprehensive risk-based Medicaid managed care program, IA Health Link, by January 1, 2016. The State procured four managed care organizations (MCOs), including Amerigroup, to administer services for State Medicaid members. As part of implementation planning, the Department of Human Services (DHS), Iowa Medicaid Enterprise (IME) contracted with Navigant Consulting, Inc. to conduct a readiness review of each participating MCO.

Readiness reviews are a critical task in implementing Medicaid managed care programs to confirm if the contracted MCOs are making significant process in preparing for the transition, including activities such as establishing local offices, recruiting and training staff, contracting with local providers, uploading automated data on new Medicaid members and providers in their systems, adapting care management programs, developing policies and procedures for member and provider services, educating providers on managed care processes and outreaching to potential enrollees. A primary objective of the readiness review is to verify that MCOs are ready to provide services for the covered populations in accordance with the State's contract, state and federal laws.

Navigant, along with IME staff, are conducting seven key tasks involved in the readiness process as illustrated below. This report provides the results of the first five tasks below and will inform the Department of Human Services (DHS) about the progress Amerigroup is making to go live. While DHS will use this and other information to make a "go/no-go" decision – in other words, to decide if they will allow Amerigroup to begin full operations on January 1, 2016 – it is only one of many key steps in program transition and implementation. The report identifies where there are risks and points to areas for further follow up, corrective action and monitoring that IME will want to undertake as transition planning and implementation continue.



The following sections and appendices summarize Navigant's process for conducting desk and onsite readiness reviews, and identifies subsequent findings and recommendations. Additionally, Appendix A provides a crosswalk of our findings to the CMS gate reviews specific to MCO readiness.

## II. READINESS REVIEW PROCESS

In this section, we detail the process followed to conduct the first five tasks of the readiness review process for each MCO.

### Develop Readiness Review Process

Navigant and IME met to develop the process for conduct of activities. Based on that process we developed a work plan and timeline to align with IME’s planned November 30, 2015 go/no go decision. Figure 1 outlines the timeline for conduct of review tasks for Amerigroup.

**Figure 1. Readiness Reviews for Amerigroup**

Activity	Timeline
Receive Amerigroup’s desk review materials	October 12
Conduct desk reviews	October 11 - 25
Conduct onsite reviews (with DHS staff)	November 4 – 5
Request follow up items from onsite reviews	November 13
Conduct desk re-reviews	November 3 - 17
Issue report to DHS	November 19

### Develop Readiness Review Tool and Share with MCOs

Navigant developed a Readiness Review Tool that outlined 529 contract requirements needing review as part of readiness and identified deliverables for the MCOs to submit as evidence that they will meet the associated requirements. As shown in Figure 2, Navigant grouped requirements into the following 20 functional areas:

**Figure 2. Readiness Review Functional Areas**

Functional Area	No. of Requirements	Functional Area	No. of Requirements
A. General Administrative	27	J. Member Services	48
B. Staffing	9	K. Grievances and Appeals	7
C. Financial Stability	8	L. Care Coordination	19
D. Scope and Covered Benefits	51	M. Quality Management	22
E. Pharmacy Benefits	25	N. Utilization Management	39
F. Behavioral Health Benefits	26	O. Program Integrity	15
G. Long-term Services & Supports	98	P. Information Technology	45
H. Billing and Collections	5	Q. Claims Processing	14
I. Provider Network	61	R. Performance and Reporting	3
J. Enrollment	6	S. Termination	1

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The Readiness Review Tool in its simplest form houses the contract requirements designated as important to assess the MCO's ability to comply with state, federal and contractual requirements. Navigant developed this tracking document to function as a vehicle for exchanging information between reviewers and Amerigroup. The full Readiness Review Tool with complete findings is included in Attachment A.

### Conduct Desk Reviews

For desk reviews, Amerigroup submitted requested documentation, and Navigant reviewed those materials to determine readiness and to identify risk areas to explore further during onsite reviews. Navigant used the following scale to conduct initial desk reviews:

- **Complete:** Submitted materials satisfactorily addressed readiness review requirement
- **Pending:** MCO submitted materials but additional information is required, will be obtained during the onsite review, or submitted materials do not satisfactorily address readiness review requirement
- **Incomplete:** No information was provided or the submitted materials do not meet readiness review requirement

Navigant populated the Readiness Review Tool with our findings and provided the Tool back to Amerigroup to respond to requests for additional information.

### Conduct Onsite Visits

After completion of the desk reviews, Navigant scheduled a two-day onsite review with Amerigroup. The on-site review allowed for:

- Review of MCO key systems as described in their applications and desk review documents to confirm they are in place, operational and capable of performing their intended function(s)
- An opportunity for face-to-face discussion with MCO operational staff to confirm status of key activities (e.g., hiring, training, systems development, etc.) as well as to better understand, for example, processes and procedures that may have been reviewed during desk reviews but for which discussions will provide more clarity

Navigant developed a structured agenda, facilitated site-visit meetings and demonstrations and provided post site-visit exit interviews. Subject matter experts from DHS also participated in this meetings. After completing the onsite visit, we developed a listing of follow-up items, as

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identified in Appendix B, for which we requested Amerigroup provide additional information for final review.

### Conduct Final Reviews and Develop Report

For those requirements we reviewed during the initial desk or onsite reviews and that we flagged as areas of concern, we requested Amerigroup to submit updated or additional information. In conducting onsite reviews and re-reviews of updated materials to finalize our findings, Navigant used the following scale:

- **Complete:** Submitted materials and/or requested re-submissions satisfactorily address readiness review requirements and onsite discussions further support these findings
- **Pending:** Items are necessary for full assessment of readiness but Navigant was unable to conduct reviews due to timing of transition activities as determined by IME<sup>1</sup>
- **Incomplete:** Amerigroup did not provide a document, or the submitted document does not meet the readiness review requirement, or could not demonstrate readiness during onsite reviews

Navigant updated the Readiness Review Tool with our final findings and developed this final report based upon those findings. Section III provides a summary of our overall findings based on all information submitted as well as interviews and demonstrations conducted onsite. Section IV and V provide recommended mitigation strategies for Amerigroup and potential monitoring activities by IME in December and post go-live. Also, see Attachment A, Readiness Review Tool, for completed status of each readiness review item and additional detail about findings for individual review items.

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<sup>1</sup> IME staff conducting testing with Amerigroup will provide supplemental information to the IME Management Team as to readiness as these activities occur.

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### III. KEY FINDINGS AND RECOMMENDATIONS

Navigant identified key findings from the desk and onsite reviews, which highlighted strengths and areas of risk related to Amerigroup’s ability to be fully ready for operations on January 1, 2016.

These findings are based on desk and onsite reviews as of November 17, 2015. Considering this evaluation is based on progress towards readiness more than one month before the anticipated January 1, 2016 implementation date, we recognize that Amerigroup is continuing to make progress in their preparations. However, the findings from the desk and onsite reviews allow us to assess the status of readiness, identify potential risks based on that status and recommend actions that IME and Amerigroup conduct to monitor progress towards readiness and to mitigate risks prior to the go-live of IA Health Link.

Figure 3 outlines these findings and provides a breakdown of the number of requirements we identified as complete, incomplete or pending, as well as the percent of requirements that are complete, by functional area.

**FIGURE 3. Amerigroup – Summary of Completed Requirements**

Type of Requirement	Number of Requirements				Percent of Requirements that Complete Review*
	Complete	Incomplete	Pending	Total	
General Administrative Requirements	26	1		27	96%
Staffing	7	2		9	78%
Financial Stability	8			8	100%
Scope and Covered Benefits	49	2		51	96%
Pharmacy Benefits	20	5		25	80%
Behavioral Health Benefits	24	2		26	92%
LTSS	93	5		98	95%
Billing and Collections	5			5	100%
Provider Network Requirements	55	6		61	90%
Enrollment	5	1		6	83%
Member Services	41	7		48	85%
Grievances and Appeals	7			7	100%
Care Coordination	18	1		19	95%
Quality Management and Improvement Strategies	19	3		22	86%
Utilization Management	39			39	100%
Program Integrity	15			15	100%
Information Technology	38	3	4	45	84%
Claims Processing	11	2	1	14	79%
Performance Targets and Reporting Requirements	2		1	3	67%
Termination	1			1	100%
<b>Total</b>	<b>483</b>	<b>40</b>	<b>6</b>	<b>529</b>	<b>91%</b>

\*Number of requirements that pass review divided by the total number of requirements with a completed initial review (readiness status of pass, fail, or pend)

Additionally, Figure 4 provides detail about the requirements that remained incomplete at the completion of the reviews.

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**Figure 4: Summary of Readiness Review Requirements Remaining Incomplete**

Description	Number of Incomplete	Comments
1. Requirement identified as an operational deficiency during desk and onsite reviews.	21	Follow up on these items is considered in overall mitigation and monitoring recommendations outlined in Sections IV and V.
2. Additional information or detail resubmitted by Amerigroup did not fully satisfy the readiness requirement. Examples include: <ul style="list-style-type: none"> <li>• Workflow or policies and procedures need to reflect timeframe specified in Contract</li> <li>• Federal regulation citation required</li> <li>• Explanation of benefits still requiring additional detail</li> </ul>	15	Incompletes will be easily rectified by resubmission of materials, which highlight changes per comments provided in the Readiness Review Tool (see Attachment A).
3. Amerigroup did not resubmit new information to address initial desk review findings.	4	Incompletes will be easily rectified by resubmitting new information to address initial desk review findings, per comments in the Readiness Review Tool (see Attachment A).

The tables below further identify risks that may affect Amerigroup’s readiness on January 1, 2016, based on our findings. We identified five key operational areas with varying levels of deficiencies:

1. Long-Term Services and Supports (LTSS)
2. Provider Network
3. Information Systems
4. Hiring and Staff Training
5. Office Space

We have categorized these risks based on those which we think are most critical and could have the most impact to the member population if sufficient progress is not made to address such risks throughout December. We also provide recommended follow up that IME should conduct in December and post go-live to monitor Amerigroup’s progress in mitigating these risks. Sections IV and V provide our follow up recommendations.

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Table 1. Long-Term Services and Supports (LTSS)	
Amerigroup demonstrated a commitment to support the current LTSS care management entities in Iowa. However, we noted a number of concerns for readiness.	
<b>Degree of Impact</b> <b>HIGH</b>	Members receiving LTSS are a high-touch population. As such, the risk with any one area identified below is escalated and has a higher likelihood to impact continuity of care and patient safety.
<b>Risk Areas</b>	<p><b>Care Management Staffing and Training</b></p> <ul style="list-style-type: none"> <li>• 66 percent of LTSS staff hired with 23 pending offers</li> <li>• 48 staff in training or trained</li> <li>• 94 staff expected to attend scheduled trainings</li> </ul> <p><b>Provider Network</b></p> <ul style="list-style-type: none"> <li>• Provider network development continued to provide challenges (also see Provider Network table). While Amerigroup has agreed to pay non-participating providers for the first 90 days of the Contract, having a well-developed LTSS network at “go-live” will help to decrease need for later transition of providers in care plans and will help to target provider education which may be more extensive than typical for some LTSS providers.</li> </ul> <p><b>Timely Availability of Member Information</b></p> <ul style="list-style-type: none"> <li>• All MCOs requested IME consider provision of current LOC assessments and care plans prior to mid-December to allow proactive planning for care management and to identify members who will require reassessments in January. Concerns are, for example, that uploading of information to systems, completion of transitions to new care managers and completion of reassessments due in January could be delayed depending on issues such as format in which care plans are received.</li> </ul>

Table 2. Provider Network	
Amerigroup expressed confidence that provider contracts will be in place by December 31, 2015 with enough providers to meet all network adequacy guidelines. This would include the four large Iowa health systems. However, no contracts with those health systems are signed and Amerigroup acknowledged the resistance from the Iowa Hospital Association being experienced by all MCOs.	
<b>Degree of Impact</b> <b>MEDIUM to HIGH</b>	Network adequacy is an indicator of <i>potential concerns</i> for access and availability of care. However, deficiencies in this area do not necessarily indicate that there will be access issues – particularly given that Amerigroup has agreed to pay non-

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Table 2. Provider Network	
	<p>participating FFS providers for the first 90 days of the Contract. However, potential impacts still exist, such as:</p> <ul style="list-style-type: none"> <li>• Potential for providers to elect to not treat members on a non-participating status.</li> <li>• Potential for a high degree of confusion for providers who will be learning multiple billing systems. If not part of the MCO network, there is less opportunity for coordination and training. This may result in delayed payments.</li> <li>• Member care planning could be impacted if a care plan is established that requires initiation of treatment with a non-participating provider and changes are required after the 90 days and/or when participating providers become available.</li> <li>• Member ability to make informed choice for MCO selection if current providers are not contracted.</li> </ul>
<b>Risk Areas<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• At time of reviews, IME and the MCOs were in process of developing standardized definitions and methodology for calculating percent of FFS providers that have been contracted. However, data provided indicated significant deficiencies in provider network development. (See Amerigroup’s Provider Network Reports submitted November 16<sup>th</sup>).</li> <li>• Common issues that MCOs have raised regarding complications with contracting efforts include: <ul style="list-style-type: none"> <li>- Provider resistance to implementation of Medicaid managed care</li> <li>- Several major hospitals and health systems have not yet contracted which is impacting specialist contracting given most work with health systems. If at least one health system agrees to contract, the percent of providers across specialties will increase significantly.</li> <li>- Critical access hospitals are raising considerations for historical cost settlements.</li> <li>- Some providers have indicated they have until December 31<sup>st</sup> to sign a contract.</li> <li>- In some physician specialty areas, large numbers of contracted providers are located in contiguous states to Iowa.</li> <li>- Gaps with behavioral health, substance abuse and LTSS providers are the biggest concerns outside of the health system contracting.</li> </ul> </li> </ul>

<sup>2</sup> Note: Identified risks are based on CMS’s request that IME report data on the number of FFS providers enrolled with an MCO.

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**Table 3. Hiring and Staff Training**

Given the varying degree of risk with each area, we have provided the overall risk related to staffing deficiencies for each area in this table.

Amerigroup staff exhibited teamwork, solidarity and unity of purpose. Those present during the onsite review appeared to be qualified, motivated and engaged in the development of the program. Amerigroup’s key personnel positions are 94 percent filled, or 100 percent filled if the two interim-filled positions are included. Seventeen of the key personnel will be stationed in Iowa. As of November 18<sup>th</sup> staffing update, 57 percent of total staff positions are filled with many open positions remaining in care management, utilization management (25 percent filled), and member and provider grievance (18 percent filled). Staff for Long-Term Services and Supports (LTSS) including health services directors and six managers need to be hired.

<i>Degree of Impact</i> <b>LOW</b>	With vendor ADP, Amerigroup is making progress to meet staffing milestones by go-live
<i>Risk Areas</i>	<p><b>LTSS (LOW)</b></p> <ul style="list-style-type: none"> <li>• Amerigroup reported that hiring is 66 percent complete</li> </ul> <p><b>Behavioral Health Care Management (LOW)</b></p> <ul style="list-style-type: none"> <li>• Amerigroup reported that hiring is 86 percent complete</li> </ul> <p><b>Physical Health Care Management (LOW)</b></p> <ul style="list-style-type: none"> <li>• Amerigroup reported that hiring is 80 percent complete</li> </ul> <p><b>Key Staff - Filled on an interim basis, job posting out and targeted to be filled by December 15, 2015 for:</b></p> <ul style="list-style-type: none"> <li>• Human Resources Manager</li> <li>• Contract Administrator/CEO</li> </ul> <p><b>Training (LOW)</b></p> <ul style="list-style-type: none"> <li>• Some trainings had started at time of readiness reviews; however, Amerigroup indicated most will occur in December. With the exception of two trainings (Iowa Physical Health (PH) Case Manager (CM) New Hire Training and Iowa PH CM New Hire Training/Disease Management Care Coordination Unit (DMCUU)), all scheduled trainings expect to finish prior to January 1<sup>st</sup> go-live.</li> </ul>

**Table 4. Information Systems**

Amerigroup has well established systems and integrated tools with easy to use interfaces. The member Compass 360 and Care Compass information systems includes the ability to centrally house a wide array of data from claims, enrollment, member calls, Initial Health Risk (IHR) and health risk assessments and other data sources, so that providers and care managers have an extensive central

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<p>repository of information regarding the member’s well-being and health status to assist in the coordination and management of care.</p> <p>The MCOs are continually working with IME to build out file layout and specifications for their system. Given the timeline for this work, we were not able to fully review information systems readiness and have noted a few concerns. IME staff have provided a timeline to the MCO for testing and interface development and will monitor progress. See Attachment B for IME’s timeline status as of November 17<sup>th</sup>.</p>	
<p><i>Degree of Impact</i> <b>HIGH</b></p>	<p>While services can be rendered, without proper testing and validation of supporting claims and information systems, there are significant risks related to accurate and timely payment, concern regarding accuracy of information shared with providers and members, etc. Due to the lack of data sharing and testing at this stage of the process, we see this area as one of significant concern.</p>
<p><i>Risk Areas</i></p>	<p><b><i>Enrollment Files</i></b></p> <ul style="list-style-type: none"> <li>• Amerigroup did not have the test files to begin loading member information and benefits into their system at the time of our onsite visit.             <ul style="list-style-type: none"> <li>- Area of biggest concern is the 834 enrollment files. Without the 834 files, it is difficult to work through the other information system issues.</li> </ul> </li> </ul> <p><b><i>Testing Exchanges and other UAT testing:</i></b></p> <ul style="list-style-type: none"> <li>• Without key files, Amerigroup has yet to test exchanges with IME, glitches in these areas could result in various down-stream issues.</li> <li>• Amerigroup does not have other key files to allow for proper UAT testing including:             <ul style="list-style-type: none"> <li>- Claims history</li> <li>- Care Plan authorizations</li> <li>- Prior Authorizations</li> <li>- Member assignments (834). Beyond test files, the actual files are needed to:                 <ul style="list-style-type: none"> <li>▪ Facilitate outreach to current care managers for assigned members.</li> <li>▪ Support member services.</li> <li>▪ Initiate member enrollment packet mailings.</li> </ul> </li> </ul> </li> </ul>

**Table 5. Office Space**

Amerigroup has office space in Iowa for which the build out is being completed. The space is about 70 percent complete, and Amerigroup anticipates a December 14<sup>th</sup> move-in date. If the move-in cannot be completed by December 14<sup>th</sup>, then Amerigroup will continue to work from the temporary offices on the first floor of the same building.

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<i>Degree of Impact</i> <b>LOW</b>	Moving could result in disruptions in telephone and IT systems. However, given operations can remain in their temporary site until in the new office is complete, impact at implementation is not a concern.
<i>Risk Areas</i>	Potential for delay in build out would require continued use of temporary space.

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### IV. RECOMMENDED MCO RISK MITIGATION STEPS

Navigant has recommended several mitigation steps for DHS to consider requiring Amerigroup to implement for each of our key findings to confirm progress towards successful implementation and go-live on January 1, 2016. Figure 5 provides a breakdown of these mitigation strategies by key area.

**Figure 5: Recommended Amerigroup Mitigation Strategies**

Recommended Mitigation Steps to Complete for a January 1, 2016 Implementation				
	By December 4, 2015	By December 11, 2015	By December 18, 2015	By December 25, 2015
<b>LTSS and Care Management</b>	<ul style="list-style-type: none"> <li>• Fill 80 percent of all care management staff positions</li> <li>• Provide contingency plans detailing how full operations will be supported without full staffing and ability to complete training by go-live</li> </ul>	<ul style="list-style-type: none"> <li>• Fill 85 percent of all care management staff positions</li> <li>• Submit weekly status report verifying training is progressing as scheduled. Include in report:                             <ul style="list-style-type: none"> <li>- Training start dates</li> <li>- Number of staff that started on each date</li> <li>- Number of trainee completion and dates of completion</li> </ul> </li> <li>• Provide IME access to attend trainings and to interview staff in training or who have completed training</li> </ul>	<ul style="list-style-type: none"> <li>• Fill 90 percent of all care management staff positions</li> <li>• Demonstrate progress on contracting with LTSS providers to compliance with Provider Network Standards outlined in contract for 75 percent of members</li> <li>• Provide plan for and status of provider education and community outreach to ensure continuity of care and payment for participating and non-participating providers</li> <li>• Develop transition plan based on receipt of 837 and other data files from IME</li> <li>• Define the integration of various case management</li> </ul>	<ul style="list-style-type: none"> <li>• Submit schedule for care plan annual assessments due for Q1</li> </ul>

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Recommended Mitigation Steps to Complete for a January 1, 2016 Implementation					
		By December 4, 2015	By December 11, 2015	By December 18, 2015	By December 25, 2015
				functions and how these services will be integrated to avoid member confusion	
<b>Provider Network</b>		<ul style="list-style-type: none"> <li>Continue providing daily updates to IME on network development status and methods being implemented to address ongoing challenges</li> </ul>	<ul style="list-style-type: none"> <li>Develop contingency plan to ensure access based on current status of network</li> <li>Provide status on loading contracts</li> </ul>	<ul style="list-style-type: none"> <li>Provide a status of efforts to ensure continuity of care, particularly for non-participating providers regarding provider education and outreach</li> <li>Provide status of integration models with care management and discharge planners, alerts from non-contracted hospitals, etc.</li> </ul>	
<b>Information Systems</b>		<ul style="list-style-type: none"> <li>Participate in various testing and data summit meetings with IME</li> <li>Provide updates on ability to complete exercises as staged</li> </ul>	<ul style="list-style-type: none"> <li>Must adhere to and have successful completion of all test dates</li> <li>Provide updates on ability to complete exercises as staged</li> <li>Immediately report to IME any areas of concerns or identified challenges with interface or exchange</li> <li>Implement contingencies as needed</li> <li>Initiate member mailings</li> <li>Submit verification to IME that all exchanges with subcontractors are tested and ready</li> <li>NOTE: IME will continue to evaluate MCO progress with the State's test file schedule and track any issues or concerns (See Attachment B)</li> </ul>		
<b>Hiring and Staffing</b>		<ul style="list-style-type: none"> <li>Complete the following hiring:                             <ul style="list-style-type: none"> <li>80 percent of all Utilization Management staff positions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Complete the following hiring:                             <ul style="list-style-type: none"> <li>90 percent of vacant Utilization Management staff</li> </ul> </li> <li>Submit weekly, updated staffing projections using the template provided by IME</li> <li>Submit status report verifying training is progressing as scheduled</li> <li>Submit trainee certificates of completion</li> </ul>		

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Recommended Mitigation Steps to Complete for a January 1, 2016 Implementation				
By December 4, 2015		By December 11, 2015	By December 18, 2015	By December 25, 2015
	<ul style="list-style-type: none"> <li>• Provide detailed contingency plan for how operations will be supported for each area without defined staff.</li> <li>• Submit weekly, updated staffing projections using the template provided by IME.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide IME access to attend trainings and to interview staff in training or who have completed training to confirm their understanding of IA Health Link</li> </ul>		
<b>Office Space</b>	<ul style="list-style-type: none"> <li>• Provide a transition plan for moving to the permanent space, including when telephone lines and systems will be ready. Include in the plan how Amerigroup will assure no disruption in services for members or providers</li> <li>• Provide a plan for operations if Amerigroup is further delayed from transitioning into the new space</li> <li>• Determine if notices should be provided to any stakeholders for office move (e.g., if providers or members come to the office and need to be made aware of changes)</li> <li>• Notify IME when build-out of office space is complete</li> </ul>			

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### V. IME MONITORING RECOMMENDATIONS

As Amerigroup continues to take corrective actions and address areas of concern identified in the readiness review, Navigant also recommends that IME continue to monitor the MCO's progress to make certain that it is addressing risks in a satisfactory manner. Figure 6 highlights some of the monitoring efforts we recommend.

**Figure 6: Recommended IME Monitoring Post Go-Live**

Key Areas	Monitoring Activities
<b>LTSS</b>	<ul style="list-style-type: none"> <li>If hiring and training not complete, continue to review weekly updates as to status</li> <li>Require reports on completion of annual assessments due for Q1 noting delays, reasons for challenges in timely completion of due assessments.</li> <li>Require weekly call center reports for any LTSS issue</li> <li>Track complaints about continuity of care, access to care managers and access to providers and how those complaints are resolved</li> <li>Confirm that access to non-participating providers is allowed</li> <li>Track trends in provider complaints and require updated plans for outreach and education</li> </ul>
<b>Hiring and Staffing</b>	<ul style="list-style-type: none"> <li>Continue with test calls</li> <li>Require more routine call center reporting requirements</li> <li>Require evaluation of CM duties, touches, etc.</li> <li>Require reporting and evaluation of training classes for first 90 days</li> <li>Evaluate for staff retention</li> <li>Require status on all transitions for various call center functions</li> </ul>
<b>Provider Networks</b>	<ul style="list-style-type: none"> <li>Evaluate claims status reports on weekly basis</li> <li>Review denial reason report weekly for first 30 to 90 days</li> <li>Continue to evaluate network development status weekly for provider types for which network adequacy continues to be low</li> <li>Evaluate every other week the status of key issues, provider outreach, call center statistics related to access or provider concerns</li> <li>Require weekly reporting of member complaints about provider access – monitoring instances where non-participating providers are electing not to provide care</li> </ul>
<b>Information Systems</b>	<ul style="list-style-type: none"> <li>Evaluate Claims status reports on weekly basis</li> <li>Review claim denial reason report weekly for first 30 – 90 days</li> <li>Monitor daily file transactions (834, pregnancy alerts, death alerts, etc.)</li> </ul>
<b>Office Space</b>	<ul style="list-style-type: none"> <li>Confirm operations commence in their permanent space and that there are no member or provider complaints</li> <li>Confirm locations provide for confidential settings to conduct discussions with members and that protected health information is secure</li> </ul>

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### APPENDIX A. CMS GATE REVIEW

Figures A.1 and A.2 identify criteria for the CMS gate review, which was provided by CMS as checkpoints to ensure state and MCO readiness prior to go-live of the Medicaid managed care program. The below figures focus only on those criteria that CMS identified for which MCO readiness review information applies (e.g., the CMS gate review also included IME readiness items, and those are not included in this appendix).

**Figure A.1. Gate 1: CMS Criteria for Iowa Health Care Initiative Preliminary Readiness**

IA Health Link Program Implementation		
Operation Activities for Assessment	Action Steps	Navigant Comments
Condition #2	Every MCO documents it has contracted with and credentialed 50 percent of current FFS providers in the following categories: <ul style="list-style-type: none"> <li>• Primary care, adult and pediatric</li> <li>• OB/GYN</li> <li>• Five most common adult and pediatric specialty providers</li> <li>• Hospital</li> <li>• Pharmacy</li> <li>• LTSS providers</li> <li>• Behavioral providers, adult and pediatric (use Magellan’s directory versus FFS for this provider type)</li> </ul>	<b>Provider contracting of total active FFS providers as of November 17, 2015</b> <ul style="list-style-type: none"> <li>• See Amerigroup’s Provider Network Adequacy Status Report</li> <li>• Amerigroup has not yet achieved 50 percent of current FFS providers</li> </ul>
Condition #3	Every MCO documents it has hired at least 50 percent of its projected staff, especially customer service center.	<ul style="list-style-type: none"> <li>• Amerigroup’s staffing update as of November 18<sup>th</sup> indicates 57 percent of total staff positions are filled.</li> <li>• Member and provider call centers are combined and staffed at 100 percent.</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

**Figure A.2. Gate 2: CMS Criteria for Iowa Health Care Initiative Full Readiness**

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
1.	<b>Administration</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• State Resources for Program Operations</li> <li>• Interagency Coordination</li> <li>• Stakeholder Engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Hiring plan including job descriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Hiring Plan: Amerigroup provided an updated hiring plan as of November 18 which details an Iowa-dedicated Talent Acquisition Team which includes in-house recruiters, sourcing specialists, administrators, and managers who are well equipped to support the hiring of local talent. This staff is supplemented with a sophisticated outsourcing component Automatic Data Processing, Inc. (ADP), which will allow their recruiters to flex quickly to meet staffing plan goals. A dedicated manager oversees the in-house and external recruiters. There are over a dozen recruiters specifically designated to Amerigroup Iowa’s implementation.</li> </ul>
		<ul style="list-style-type: none"> <li>• Building readiness including work space and accessibility</li> </ul>	<ul style="list-style-type: none"> <li>• Work Space: Amerigroup’s local office space in Iowa is in process of being built out; are in temporary space in the same building during build out and can operate from this space if there are delays.</li> </ul>
		<ul style="list-style-type: none"> <li>• System capacity to report member service calls and issues daily during the transition period</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrated call tracking capabilities in systems</li> </ul>
		<ul style="list-style-type: none"> <li>• Training schedule and materials prepared</li> </ul>	<ul style="list-style-type: none"> <li>• Some trainings had started at time of readiness reviews; however, Amerigroup indicated most will occur in December. With the exception of two trainings (Iowa Physical Health (PH) Case Manager (CM) New Hire Training and Iowa PH CM New Hire Training/Disease Management Care Coordination</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
			Unit (DMCUU)), all scheduled trainings expect to finish prior to January 1 go-live.
		<ul style="list-style-type: none"> <li>Contingency plans to pull from other health plans cannot hire enough for start date</li> </ul>	<ul style="list-style-type: none"> <li>Contingency plans as provided in Amerigroup's November 18 staffing update include temporarily re-allocating resources within the State as necessary. Amerigroup's Iowa employees are first line of defense because they know Iowa and understand the local population. Their bench strength allows them to quickly deploy resources and provide any necessary training to these individuals while working to acquire additional qualified employees. By using cross-trained local staff, they anticipate being able to seamlessly transition functions, minimize impact on member care and daily operations. Amerigroup will also temporarily fill vacant positions with employees from national offices or affiliate health plans in nearby states, if necessary.</li> </ul>
2.	<b>Enrollment-Related Functions</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>Enrollment and Disenrollment</li> <li>Auto-assignment</li> <li>Enrollment Broker</li> </ul>	<ul style="list-style-type: none"> <li>Member materials developed and approved by the state</li> <li>Call center scripts developed and approved and staff trained on benefits</li> </ul>	<ul style="list-style-type: none"> <li>Has submitted member materials to State for review. State is currently reviewing for approval.</li> <li>Demonstrated resources for use by member services representatives (e.g., FAQs, knowledge management and reference materials, etc.). Random calls to member services representatives taking pre-enrollment calls identified need for additional training and resources. Staff had not been trained on benefits at the time of readiness reviews.</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	<ul style="list-style-type: none"> <li>• Choice Counseling and Beneficiary Support system</li> <li>• Eligibility and Enrollment Systems</li> <li>• Outreach</li> <li>• Enrollee Information</li> <li>• Marketing</li> <li>• Fraud and Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Call center contingency plans developed</li> </ul>	<ul style="list-style-type: none"> <li>• Calls will be handled from one of Amerigroup’s 6 national call centers. Customer Care Representatives (CCRs) have access to the Knowledge Management System which is populated with all the Iowa program information including member enrollment packets</li> </ul>
		<ul style="list-style-type: none"> <li>• Compliance officer hired and employee fraud prevention and notification materials signed</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance officer, Martha Crist, hired.</li> </ul>
3.	<b>Member Services</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• Member Handbook and Enrollee Information</li> <li>• MCO and State Customer Services</li> <li>• Outreach, Scheduling, and Transportation Enrollee Services and Supports</li> </ul>	<ul style="list-style-type: none"> <li>• Develop member handbook and get approved by the state</li> </ul>	<ul style="list-style-type: none"> <li>• Member handbook has been submitted to the State for approval. Handbook is currently being reviewed by the State and will be sent back to the MCOs with additional changes and/or approval.</li> </ul>
		<ul style="list-style-type: none"> <li>• Load LTSS service plans as authorizations</li> </ul>	<ul style="list-style-type: none"> <li>• IME had not provided LTSS service plans at time of readiness review. Not anticipated until 12/17.</li> </ul>
		<ul style="list-style-type: none"> <li>• Similar functions to enrollment and interface with state and enrollment broker</li> </ul>	<ul style="list-style-type: none"> <li>• Pending testing and file transfer with State – unable to review at time of readiness review; however, desk review materials indicate Amerigroup has a processes for accepting enrollment files; are in process of preparing systems for receipt of 834 file.</li> </ul>
		<ul style="list-style-type: none"> <li>• Policies and procedures about member information and outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Have complete policies and procedures about member information and outreach. Materials pending IME approval at time of reviews.</li> </ul>
		<ul style="list-style-type: none"> <li>• Continuously updated provider directory for call center staff to reference</li> </ul>	<ul style="list-style-type: none"> <li>• Provider directory is regularly updated for call center staff reference.</li> </ul>
4.	<b>Service Provision</b>	<ul style="list-style-type: none"> <li>• Policies and procedures developed and staff trained</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup has developed policies and procedures. See No. 1 for information about training.</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	<b><i>Operation Activities for Assessment</i></b> <ul style="list-style-type: none"> <li>• Utilization Management</li> <li>• Service Delivery</li> <li>• Service Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Practice guidelines developed and approved for use by the state</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup provided information about the guidelines they use. IME currently review guidelines for approval.</li> </ul>
		<ul style="list-style-type: none"> <li>• Inter-rater reliability tested</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures as well as onsite discussion detailed process for inter-rater reliability testing. Staff were not yet available to discuss related training.</li> </ul>
		<ul style="list-style-type: none"> <li>• Case management system functioning and staff trained on person-centered planning, system usability and level of detail in documentation necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Case management system was demonstrated during onsites and appears to be user-friendly and thorough in information captured. See No. 1 for information about training.</li> </ul>
		<ul style="list-style-type: none"> <li>• Interface with HCBS case managers to integrate into plan case management system</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup indicated they will provide access for all case managers to case management systems; will facilitate obtaining of information provided to case managers who may not want to access systems.</li> </ul>
		<ul style="list-style-type: none"> <li>• Staff trained on all services available in the appropriate c waivers and community based supports resources</li> </ul>	<ul style="list-style-type: none"> <li>• See No.1 for information about training.</li> </ul>
		<ul style="list-style-type: none"> <li>• Plans do provider outreach to enroll providers and provide assistance through the credentialing process</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup is conducting extensive provider outreach. IME is allowing deemed credentialing for a period of time to facilitate the contracting process for a January 1 implementation.</li> </ul>
<b>5. Access</b>	<b><i>Operation Activities for Assessment</i></b> <ul style="list-style-type: none"> <li>• Provider Network Adequacy</li> <li>• Access and Availability</li> </ul>	<ul style="list-style-type: none"> <li>• Plans provide in person assistance to the LTSS providers to train them on provider enrollment and credentialing practices as well as how to appropriately bill for claims to get paid timely</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures addresses credentialing policies, including LTSS providers and provider orientation on appropriate billing procedure.</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	<ul style="list-style-type: none"> <li>• Access for People with Disabilities or Other Special Needs</li> <li>• MCO Contracts with Network Providers</li> </ul>	<ul style="list-style-type: none"> <li>• Work with providers to ensure appropriate and accurate information collected during credentialing process to ensure provider directory is accurate and can include information like cultural competency, disability accessibility and open panels</li> </ul>	<ul style="list-style-type: none"> <li>• IME is allowing deemed credentialing for a period of time to facilitate the contracting process for a January 1 implementation. Amerigroup policies and procedures require providers to deliver cultural competent care.</li> </ul>
		<ul style="list-style-type: none"> <li>• Policies and procedures developed on provider credentialing process and ability for credentialing committee to meet more frequently if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• IME is allowing deemed credentialing for a period of time to facilitate the contracting process for a January 1, 2016 implementation. Amerigroup submitted their policies and procedures describing their provider credentialing process, including their credentialing committee, as part of the desk readiness review.</li> </ul>
		<ul style="list-style-type: none"> <li>• Ability to pull from corporate staff if necessary to credential and enroll providers more quickly</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup noted across all areas the ability to pull from corporate staff as needed to support implementation and facilitate transition.</li> </ul>
		<ul style="list-style-type: none"> <li>• Single case agreement process developed to handle out of network providers</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedure addresses Out-of-Network Care.</li> </ul>
		<ul style="list-style-type: none"> <li>• Outreach and education plan in place for all providers being handled out of network</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedure addresses Out-of-Network Care; providers understand and accept the prohibition against balance billing.</li> </ul>
6.	<b>Continuity and Coordination of Care</b>  <i>Operation Activities for Assessment</i>	<ul style="list-style-type: none"> <li>• Hire and train case managers in regular case management and in HCBS (even though people will be able to keep their case managers)</li> </ul>	<ul style="list-style-type: none"> <li>• See No. 1 for information about training. Additionally, per Amerigroup’s staffing update on November 18, 2015, case managers have and are currently being trained.</li> </ul>
		<ul style="list-style-type: none"> <li>• Develop strategy to cull data to pull people into the category of benefiting from case management</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive approach to risk stratification as well as identifying members in other forums (e.g., referrals) is in place</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	<ul style="list-style-type: none"> <li>• Identifying and Assessing Health Care Needs</li> <li>• Primary and Specialty Care Coordination</li> <li>• Continuity of Care during transition from FFS</li> <li>• Coordination with Carved-Out Services, Community Services, or Other State Programs/ Agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure systems are in place to follow continuity of care procedures outlined in contract and by the state to ensure claims and services are not denied for the incorrect reasons</li> <li>• Policies and procedures developed related to continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>• Systems demonstrations indicated prior authorization criteria, benefits, etc. will be loaded upon receipt from IME for use in review of services for approval. Approval and denial decisions are recorded and used in processing claims.</li> <li>• Policies and procedures related to case management, which describes their processes to ensure care coordination among members.</li> </ul>
7.	<p><b>Grievance, Appeal, and Fair Hearing Process</b></p> <p><i>Operation Activities for Assessment</i></p> <ul style="list-style-type: none"> <li>• General Requirements</li> <li>• Enrollee Reporting of Grievances and Appeals</li> <li>• Handling Grievances and Appeals</li> <li>• Monitoring Grievances and Appeals</li> </ul>	<ul style="list-style-type: none"> <li>• Training of call center and other enrollee facing staff to recognize when an issue is a grievance or appeal and when it should be referred to other staff at the plan to handle</li> <li>• Tracking mechanism is in place for all staff to track when a grievance or appeal is filed with internal notifications for processing</li> <li>• Develop state specific reporting mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• See No. 1 for information about training.</li> <li>• Policies and procedures identify how grievances and appeals are tracked in their systems.</li> <li>• Indicated onsite that their systems are prepared to develop state specific reports.</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
8.	<b>Critical Incident Monitoring and Reporting</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• Monitoring LTSS member health and welfare</li> <li>• Incident reporting and structural safeguards</li> </ul>	<ul style="list-style-type: none"> <li>• Train staff (call center and care coordination) on state requirements for monitoring health and welfare</li> </ul>	<ul style="list-style-type: none"> <li>• See No. 1 for information about training.</li> </ul>
		<ul style="list-style-type: none"> <li>• Maintain easily accessible public reporting system for critical incidents with policies and procedures for investigation and disposition, including emergency institutional placement if needed</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup member handbook lists a public number to voice concerns or complaints to Amerigroup.</li> <li>• Critical Incident Reporting policy and procedure notes all member complaints are logged and forwarded to the Quality Management Department for management and addresses procedures for critical incident report review.</li> </ul>
9.	<b>Quality</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• Elements of State Quality Strategy</li> <li>• MCO Structural and Operational Standards</li> <li>• Quality Assessment and Performance Improvement</li> <li>• External Quality Reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Quality management plan developed and staff trained on the management plan</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup submitted Quality Management (QM) plan during desk review</li> <li>• Training for various components of the work plan described in Amerigroup’s QM Program Description.</li> </ul>
		<ul style="list-style-type: none"> <li>• Policies and procedures created related to the quality systems in place</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedure submitted</li> </ul>
		<ul style="list-style-type: none"> <li>• Performance Improvement projects developed and committees set up to measure any improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup’s QM Program Description addresses committee roles and structures and QM work plan describes specific activities and projects to be undertaken.</li> </ul>

**Findings from 2015 Amerigroup Iowa Readiness Review**

<b>IA Health Link Program Implementation</b>			
<b>No.</b>	<b>CMS Identified Functional Area</b>	<b>CMS Identified Action Steps for MCOs</b>	<b>Navigant Comments</b>
10.	<b>Systems</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• General MMIS Operations</li> <li>• Payment Systems</li> <li>• Eligibility and Enrollment</li> <li>• Third Party Liability (TPL)</li> <li>• MCO Information Systems, including Provider Payment Systems</li> </ul>	<ul style="list-style-type: none"> <li>• See finance and encounter data</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedure confirms Amerigroup’s system can produce encounter and provider data as required.</li> <li>• Issues may arise pending receipt of test files.</li> </ul>
		<ul style="list-style-type: none"> <li>• Provide status of system readiness based on testing</li> </ul>	<ul style="list-style-type: none"> <li>• Testing had not occurred at time of Navigant’s readiness review of Amerigroup. IME staff will provide DHS management team with information as testing progresses.</li> </ul>
11.	<b>Program Integrity</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• State Administrative Structure, Communication, and Reporting</li> <li>• Finance, Data and Systems Assurance</li> <li>• General Contractor Oversight and Reporting</li> <li>• Provider Screening and Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• Develop systems to track and collect program integrity issues</li> </ul>	<ul style="list-style-type: none"> <li>• Submitted Fraud Waste and Abuse Plan describes Amerigroup’s Corporate Investigations Management System which tracks and reports case information.</li> </ul>
		<ul style="list-style-type: none"> <li>• Hire compliance officer and train staff on identification of fraud and abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance Officer is hired and per submitted policy and procedure leads “all other Compliance Program initiatives at the local level.”</li> </ul>
		<ul style="list-style-type: none"> <li>• Develop reporting structure for the state when issues are identified</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup’s Fraud Waste and Abuse Plan includes a reporting structure to the state in the form of a flowchart.</li> </ul>
		<ul style="list-style-type: none"> <li>• Develop plan to report any collection of overpayment to the systems process</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup’s Fraud Waste and Abuse includes estimated overpayment in SIU Report of</li> </ul>

## Findings from 2015 Amerigroup Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
			Investigation, which will be submitted to SIU Management for review.
12.	<b>Encounter Data</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• Encounter Data System Design</li> <li>• Standards for Collection of Encounter Data</li> <li>• Using Encounter Data System to Monitor Managed Care performance</li> </ul>	<ul style="list-style-type: none"> <li>• Test file transfers with the state and remedy any issues</li> </ul>	<ul style="list-style-type: none"> <li>• Testing had not occurred at time of Navigant’s readiness review of Amerigroup. IME staff will provide DHS management team with information as testing progresses.</li> </ul>
		<ul style="list-style-type: none"> <li>• Develop policies and procedures about timeliness and frequency of data transfers</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup policy and procedure addresses submission of required reports to appropriate state agencies on or before the agency’s specified due date and maintains timely updates in the reporting database to reflect submission.</li> </ul>
		<ul style="list-style-type: none"> <li>• Develop any contracts with subcontractors about encounter data submission so it complies with how the state will need to collect it</li> </ul>	<ul style="list-style-type: none"> <li>• Amerigroup’s Information System Plan confirms capability of receiving, processing, and reporting data to and from the DHS MMIS, Title XIX Eligibility system, and IDPH Data System.</li> </ul>
		<ul style="list-style-type: none"> <li>• Develop testing plan to prevent duplicates and other erroneous encounters being sent to State</li> </ul>	<ul style="list-style-type: none"> <li>• Testing plan with IME had not started at time of Navigant’s readiness review of Amerigroup.</li> </ul>
13.	<b>Finance</b>  <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> <li>• General Financial Oversight Payments to Providers</li> </ul>	<ul style="list-style-type: none"> <li>• Test claims payment functions and have working policies and procedures on timely payment of claims</li> </ul>	<ul style="list-style-type: none"> <li>• Submitted policies and procedures describe submission of timely payment of electronic and paper claims.</li> </ul>
		<ul style="list-style-type: none"> <li>• Train staff on other areas of TPL to ensure appropriate billing of third parties</li> </ul>	<ul style="list-style-type: none"> <li>• See No. 1 for information about training.</li> </ul>
		<ul style="list-style-type: none"> <li>• Provider TA on filing a clean claim – especially for LTSS providers</li> </ul>	<ul style="list-style-type: none"> <li>• The policy and procedure submitted for the desk review was not complete and does not address provision of technical assistance.</li> </ul>

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IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	<ul style="list-style-type: none"> <li>Third Party Liability (TPL) and Coordination of Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Develop system edits for specific benefits including which services need prior authorization</li> </ul>	<ul style="list-style-type: none"> <li>Submitted policy and procedure describes a Core Operations System including claims and authorization data; transactions include TPL as required.</li> </ul>
		<ul style="list-style-type: none"> <li>Create any system edits necessary to account for claims from LTSS providers which may have unique service codes or other pertinent factors</li> </ul>	<ul style="list-style-type: none"> <li>Submitted policy and procedure confirms Amerigroup's ability to make edits.</li> </ul>
		<ul style="list-style-type: none"> <li>If necessary, ensure ability of LTSS providers to bill with paper claims if systems capabilities are not as advanced</li> </ul>	<ul style="list-style-type: none"> <li>Submitted policy and procedure confirms Amerigroup accepts professional and institutional claims in electronic and paper formats.</li> </ul>

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**APPENDIX B. FOLLOW UP ITEMS REQUESTED POST ONSITE REVIEWS**

Navigant identified need for the below follow-up items from Amerigroup during the on-site meetings. While many of these items were discussed and preliminary receipt of items during the November 12th exit meeting, please provide a more formal and complete response to the items below as follow-up to the exit meeting. **Except where noted, please provide information indicated in items 1 through 6 via email to Nancy Kim at [nancy.kim@navigant.com](mailto:nancy.kim@navigant.com) no later than Monday, November 16, 2015.**

- 1. Key Personnel.** Provide a detailed plan that describes how and when Amerigroup anticipates filling Key Personnel positions that remain open or for which interim staff are in place. Provide a hiring status for each Key Personnel position using the below matrix. Open positions should include those filled with interim staff until permanently filled. *Given this information is changing frequently more time is allowed for submission. Please provide no later than close of business Tuesday, November 17, 2015.*

**Table 1. Hiring Status of Key Personnel**

Open Positions (Include those filled in interim)	Status (Posted, Interviewing, Offer Out, etc.)	Target Hire Date	Target Start Date	Length of Training	Contingency Plan
Filled Positions	Name	Hire Date	Start Date	Training Schedule	

- 2. Staffing.** Provide a detailed staffing and training plan that describes how and when Amerigroup anticipates filling open positions. Use Table A at the end of this document to provide hiring and training status. In addition, provide an explanation of how Amerigroup has estimated the number of staff required to fulfill the requirements stipulated in the Contract for case management, member services and provider services. *Given this information is changing frequently more time is allowed for submission. Please provide no later than close of business Tuesday, November 17, 2015.*
- 3. Care Management:** Provide a detailed care management workflow(s) as to how the process will work for members, particularly those with multiple care managers. Provide a detailed plan as to how various care managers will work together and their different roles and responsibilities. Please include estimated ratios of members to care managers, and your rationale for these ratios. Note if ratios differ across service areas (physical health, behavioral health and long-term supports and services). The work plan must also

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include Amerigroup's process for authorizing services for Integrated Health Homes (IHHs) and description of community-based case manager's process for accessing and approving services that is conflict free particularly at admission and initiation of services.

4. **Provider Network:** Continue to submit provider network adequacy reports as requested by IME to demonstrate progress. *Navigant will review the regular submissions. Separate information does not need to be submitted.*
5. **Subcontracts:** Submit **all** subcontracts to IME as provided during the November 12<sup>th</sup> exit interview and those which may not have been listed. Per the Agreement, IME may elect to request others for review. For all subcontractors, provide a summary of the services each will provide as well as a work plan detailing readiness activities and timeline for completion. Activities should include the below; however, please note if information is being provided in the summary staffing matrices or provider network adequacy reports (i.e., duplicate submissions are not necessary):
  - Estimated contract signature date
  - If applicable, provider network development activities and status
  - If applicable, call center location, number of staff being hired and hiring status for the Iowa market
  - Number of other staff being hired and hiring status for the Iowa market
  - Staff training dates
6. **Office Space:** Provide a status of the West Des Moines office build out, completion date and estimated date for the space to be operational. Indicate member or provider facing staff who will be located within this office and contingency plan should the timeline be delayed.

Amerigroup noted a variety of information and testing needed for system readiness. They provided an "Onion list" during the November 12<sup>th</sup> exit interview for which they requested responses from IME. Additionally, IME will:

- a. Follow up on and provide information about the process for conduct of LOC assessments for waivers given the wait lists.
- b. Provide revised instructions and template for provider network adequacy reporting for CMS.
- c. Review credentialing and deeming requirements for CDAC providers.

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**Table A. Hiring Status by Service Area**

Please complete and submit the below matrix. Note that position titles are general and may vary for your MCO. Please add rows as needed if you are hiring other types of staff that will support each service area (e.g., for Care Management areas, initial intake coordinators, care coordinators, etc.). Additionally, if positions are not separate, please note such (e.g., behavioral health and physical health case managers are not separate positions). For each area, please note contingency plans if positions are not filled (this can also be provided as a separate detailed narrative).

Service Area/ Positions	Total Number Staff Needed	Percent Complete	Filled <sup>3</sup>	Actively Recruiting	Pending Offers	Weeks of Training Required	Number Staff Who Have Started Training	Dates Trainings to Begin <sup>4</sup>	Contingency Plan
Member Call Center Representatives									
Provider Call Center Representatives									
LTSS:									
Care Management Supervisors									
Care Managers - Telephonic									

<sup>3</sup> Filled should include only positions that have been filled to meet Iowa staffing needs. It should not include interim/contingency staff.

<sup>4</sup> This could include multiple dates.

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Service Area/ Positions	Total Number Staff Needed	Percent Complete	Filled <sup>3</sup>	Actively Recruiting	Pending Offers	Weeks of Training Required	Number Staff Who Have Started Training	Dates Trainings to Begin <sup>4</sup>	Contingency Plan
Care Managers - Field									
Behavioral Health Care Management									
Care Management Supervisors									
Care Managers - Telephonic									
Care Managers - Field									
Physical Health Care Management									
Care Management Supervisors									
Care Managers - Telephonic									

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Service Area/ Positions	Total Number Staff Needed	Percent Complete	Filled <sup>3</sup>	Actively Recruiting	Pending Offers	Weeks of Training Required	Number Staff Who Have Started Training	Dates Trainings to Begin <sup>4</sup>	Contingency Plan
Care Managers - Field									
Utilization Management									
Claims									
Credentialing									
Member and Provider Grievance									
Pharmacy Call Center									
Transportation Broker Call Center									