

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

NAVIGANT
HEALTHCARE

TABLE OF CONTENTS

I.	INTRODUCTION.....	3
II.	READINESS REVIEW PROCESS	4
III.	KEY FINDINGS	7
IV.	RECOMMENDED MCO RISK MITIGATION STEPS.....	15
V.	IME MONITORING RECOMMENDATIONS	18
	APPENDIX A. CMS GATE REVIEW CROSSWALK.....	19
	APPENDIX B. FOLLOW UP ITEMS REQUESTED POST ONSITE REVIEWS	33
	ATTACHMENT A. READINESS REVIEW TOOL	
	ATTACHMENT B. STATUS OF INFORMATION SYSTEMS TESTING AND DATA EXCHANGE	

Findings from 2015 WellCare of 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 WellCare of Iowa, 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 about new Medicaid members and providers in their systems, adapting care management programs, developing policies and procedures for member and provider services, educating providers about 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 help the Department of Human Services (DHS) understand the progress WellCare of Iowa 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 WellCare of Iowa 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.

Findings from 2015 WellCare of Iowa Readiness Review

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 conducting readiness activities. Based on that process we developed a workplan 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 WellCare of Iowa.

Figure 1. Readiness Reviews for WellCare of Iowa

Activity	Timeline
Receive WellCare of Iowa’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 528 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 20 functional areas.

Figure 2. Readiness Review Functional Areas

Functional Area	# of Requirements	Functional Area	# of Requirements
A. General Administrative	27	K. Member Services	48
B. Staffing	9	L. Grievances and Appeals	7
C. Financial Stability	8	M. Care Coordination	19
D. Scope and Covered Benefits	51	N. Quality Management	22
E. Pharmacy Benefits	25	O. Utilization Management	39
F. Behavioral Health Benefits	25	P. Program Integrity	15
G. Long-term Services & Supports	98	Q. Information Technology	45
H. Billing and Collections	5	R. Claims Processing	14
I. Provider Network	61	S. Performance and Reporting	3
J. Enrollment	6	T. Termination	1

Findings from 2015 WellCare of Iowa Readiness Review

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 WellCare of Iowa. The full Readiness Review Tool with complete findings is included in Attachment A.

Conduct Desk Reviews

For desk reviews, WellCare of Iowa 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 material does not meet readiness review requirement

Navigant populated the Readiness Review Tool with our findings and returned the Tool to WellCare of Iowa to respond to requests for additional information.

Conduct Onsite Visits

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

- A 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 the 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 these meetings. After completing the onsite visit, we developed a listing of follow-up items, as identified in Appendix B, for which we requested WellCare of Iowa to 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 WellCare of Iowa 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 IME¹
- **Incomplete:** WellCare of Iowa did not provide a document, or the submitted document does not meet the readiness review requirement, or WellCare of Iowa 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 WellCare of Iowa 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.

¹ IME staff conducting testing with WellCare of Iowa will provide supplemental information to the IME Management Team as to readiness as these activities occur.

Findings from 2015 WellCare of Iowa Readiness Review

III. KEY FINDINGS

Navigant identified key findings from the desk and onsite reviews, which highlighted strengths and areas of risk related to WellCare of Iowa’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 WellCare of Iowa is continuing to make progress in their preparations. However, 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 WellCare of Iowa 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, pending, as well as the percent of requirements that are complete, by functional area.

Figure 3. WellCare of Iowa – Summary of Completed Requirements

Type of Requirement	Number of Requirements			Total	Percent of Total Requirements that are Complete*
	Complete	Incomplete	Pending		
General Administrative Requirements	23	4		27	85%
Staffing	6	3		9	67%
Financial Stability	5	3		8	63%
Scope and Covered Benefits	51			51	100%
Pharmacy Benefits	23	2		25	92%
Behavioral Health Benefits	24	1		25	96%
LTSS	86	12		98	88%
Billing and Collections	3	2		5	60%
Provider Network Requirements	53	8		61	87%
Enrollment	6			6	100%
Member Services	46	2		48	96%
Grievances and Appeals	7			7	100%
Care Coordination	19			19	100%
Quality Management and Improvement Strategies	21	1		22	95%
Utilization Management	39			39	100%
Program Integrity	15			15	100%
Information Technology	37	6	2	45	82%
Claims Processing	13		1	14	93%
Performance Targets and Reporting Requirements	2		1	3	67%
Termination	1			1	100%
Total	480	44	4	528	91%

*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.

Findings from 2015 WellCare of Iowa Readiness Review

Figure 4: Breakdown of the Number of Incomplete Requirements

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. WellCare of Iowa did not resubmit new information to address initial desk review findings.	15	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).
3. Additional information or detail resubmitted by WellCare of Iowa did not fully satisfy the readiness requirement. Examples include: <ul style="list-style-type: none"> • Policies and procedures must be submitted in response to Contract requirements • Additional language must be added to policies and procedures to adhere to Contract requirements 	8	Incompletes will be easily rectified by resubmission of materials, which highlight changes per comments provided in the Readiness Review Tool (see Attachment A).

The tables below further identify risks that may affect WellCare of Iowa’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

Findings from 2015 WellCare of Iowa Readiness Review

in December and post go-live to monitor WellCare of Iowa’s progress in mitigating these risks. Sections IV and V provide our follow up recommendations.

Table 1. Long-Term Services and Supports (LTSS)

The following table provides overall risk related to Long-Term Services and Supports (LTSS).

WellCare of Iowa has committed to supporting the current care management infrastructure in Iowa, for example, the MCO has offered with AmeriHealth Caritas of Iowa to meet with current Care Management Entities that may struggle to remain viable to identify potential teaming opportunities. While WellCare of Iowa has a promising approach and a partnership with an experienced subcontractor, Independent Living Systems (ILS), to provide LTSS care management support, we noted a number of readiness concerns.

<i>Degree of Impact</i> HIGH	Members receiving LTSS are a high-touch population. As a result, there is potentially a relatively high likelihood of an adverse impact on continuity of care and patient safety if the MCO does not address the issues we raise below.
<i>Risk Areas</i>	<p><i>Care Management Staffing and Training</i></p> <ul style="list-style-type: none"> • The Long-Term Care Manager position is not filled but an offer has been extended. • WellCare has targeted hiring 171 LTSS care management staff (of which 15 are supervisors), but no positions had been filled and 122 offers were pending as of November 17, 2015. <p><i>Targeted Care Managers</i></p> <ul style="list-style-type: none"> • WellCare indicated potential challenges with supporting or maintaining IME’s goal to continue use of Targeted Case Managers, as specified in the Contract, as many current Targeted Case Managers may no longer be serving in this capacity. • Should Targeted Case Managers not be available in the community, WellCare is at risk of not having sufficient CM resources at go-live. WellCare noted they will assign in-house care managers should current Targeted Care Managers not be unavailable after go-live. However, WellCare’s ability to do so by January 1, 2016, is questionable since no LTSS care managers had been hired as of Navigant’s onsite visit. <p><i>Systems Supports</i></p> <ul style="list-style-type: none"> • Integration with ILS information systems was not demonstrated. WellCare indicated they will provide system access (EMMA) to ILS staff; however, it is unclear how or when this will occur. • ILS staff training on the WellCare system is not complete. WellCare did not provide a strategy for completing hiring, training and integration across systems prior to go-live. <p><i>Timely Availability of Member Information</i></p>

Findings from 2015 WellCare of Iowa Readiness Review

Table 1. Long-Term Services and Supports (LTSS)	
	<ul style="list-style-type: none"> • All MCOs requested that 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. This could create issues with, for example, uploading 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. <p><i>Provider Network</i></p> <ul style="list-style-type: none"> • Provider network development continued to provide challenges (also see Provider Network table). While WellCare 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. • Provider education regarding claims submission and continuity of care had not occurred at time of reviews; focus has been on network development with limited provider outreach explaining how to submit claims if they have not contracted with WellCare.

Table 2. Provider Network	
<p>The following table provides overall risk related to Provider Network.</p> <p>WellCare of Iowa has demonstrated commitment to develop positive relationships with providers in Iowa. It has, for example, placed an Advocacy Director in Iowa several months ago to inventory available community resources in Iowa, and tailor outreach approaches to this community. Despite these efforts, significant contracting issues exist relative to hospitals/health systems and key specialists. Some of this challenge is due to provider resistance to implementation of Medicaid managed care in the State.</p>	
<p><i>Degree of Impact</i> High to Medium</p>	<p>Network adequacy is an indicator of <i>potential concerns</i> for access and availability of care. WellCare of Iowa’s agreement to pay non-participating FFS providers for the first 90 days of the Contract to continue treating members alleviates some risk of adequacy. However, potential impacts still exist, such as:</p> <ul style="list-style-type: none"> • Non-participating providers may elect to turn away members. • Potential for a high degree of confusion for non-participating providers (e.g., may continue to bill Medicaid). If not part of the MCO network, there is less opportunity for coordination and training. This may result in delayed payments. • Continuity of care could be an issue if, for example, 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 a participating provider becomes available.

Findings from 2015 WellCare of Iowa Readiness Review

Table 2. Provider Network	
	<ul style="list-style-type: none"> • It will be difficult for members to make informed choices about the selection of an MCO if the list of participating providers is not complete.
<i>Risk Areas²</i>	<ul style="list-style-type: none"> • 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 WellCare’s Provider Network Reports submitted November 17th. • At the time of onsite reviews, certain provider rates had not yet been made available. Each MCO voiced that they anticipated certain provider types to agree to contracting after receiving rates. • Common issues that MCOs have raised that they have encountered in contracting efforts include: <ul style="list-style-type: none"> - Provider resistance to implementation of Medicaid managed care - The Big 4 hospitals and health systems have yet to contract 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. - Critical access hospitals are raising considerations for historical cost settlements. - Some providers have indicated they have until December 31st to sign a contract.

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

Findings from 2015 WellCare of Iowa Readiness Review

Table 3. Information Systems

The following table provides overall risk related to Information Systems.

Navigant reviewed submitted materials and received systems demonstrations as part of onsite reviews. We found that WellCare of Iowa has innovative, intuitive, easy-to-use systems, which are integrated across various functional areas and capture a significant amount of detail for staff to use in supporting members and providers.

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 17th.

<p><i>Degree of Impact</i> HIGH</p>	<p>While services will likely continue to be delivered, without proper testing and validation of supporting claims and information systems, there are significant risks related to accurate and timely billing, 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><i>Enrollment Files</i></p> <ul style="list-style-type: none"> • WellCare 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"> - Area of biggest concern is the 834 enrollment files. Without the 834 files, it is difficult to work through the other information system issues. - As noted during test calls with member services, lack of member data and information significantly impedes the member services area from assisting the member or potential enrollee. <p><i>Testing Exchanges and other UAT testing:</i></p> <ul style="list-style-type: none"> • Without key files, WellCare had yet to test exchanges with IME, and glitches in these areas could result in various down-stream issues • At the time of onsite reviews, WellCare did not yet have other key files to allow for proper UAT testing including: <ul style="list-style-type: none"> - Claims history - Care Plan authorizations - Prior Authorizations - Member assignments (834). Beyond test files, the actual files are needed: <ul style="list-style-type: none"> ▪ To facilitate outreach to current care managers for assigned members ▪ To support member services ▪ To initiate member enrollment packet mailings <p><i>Systems Integration</i></p>

Findings from 2015 WellCare of Iowa Readiness Review

Table 3. Information Systems

	<ul style="list-style-type: none"> See Table 1. LTSS for potential risks related to integration of WellCare and ILS care management systems.
--	---

Table 4. Hiring and Staff Training

Given the varying degree of risk with each area, we have assigned an overall risk related to staffing deficiencies for each area.

WellCare of Iowa presented qualified, motivated and engaged management staff, particularly in the clinical and quality improvement areas. Additionally, it is a national health plan with available resources experienced in Medicaid to support implementation needs as necessary while permanent staff are hired and trained. However, WellCare of Iowa was unable to demonstrate compliance with various staffing requirements.

Note that staffing data is current as of November 17th.

Degree of Impact MEDIUM TO HIGH	The overall deficiency in staffing for high-touch areas of operations presented a more significant risk to members and to the IA Health Link program: significant member and provider confusion could likely result from the deficiency in staffing during this transition.
Risk Areas	<p>LTSS (HIGH)</p> <ul style="list-style-type: none"> See comments in Table 1. LTSS above. <p>Care Management (MEDIUM)</p> <ul style="list-style-type: none"> WellCare reported that 55 percent of targeted staffing (4 positions remain open) is complete, and plan is to rely heavily on current Integrated Health Home (IHH) care managers. Some IHHs are in early stages of development, so may need to monitor to determine if additional support is required for members receiving services in those IHHs. <p>Call Center (Member and Provider) (MEDIUM)</p> <ul style="list-style-type: none"> Pre-Implementation: The results of “Secret shopper” calls to member services staff receiving pre-enrollment calls raised concerns about need for additional training and resources. WellCare has provided scripts for review and approval, some of which Navigant has recommended changes. Post-Implementation: Call center representatives who will staff call centers after implementation were not available for interviews; therefore, Navigant was not able to assess training or representatives’ understanding of Iowa Medicaid. <p>Key Staff (MEDIUM)</p> <p>Seven key personnel positions had yet to be filled with permanent staff.</p>

Findings from 2015 WellCare of Iowa Readiness Review

Table 4. Hiring and Staff Training

	<ul style="list-style-type: none"> • Interviewing underway and targeted to be filled by 12/15/15: <ul style="list-style-type: none"> - Chief Operating Officer (filled in interim) - Utilization Management Manager (filled in interim) - Program Integrity Manager (filled in interim) - Care Coordination Manager (internal finalist candidate currently being interviewed) • Offer extended, onboarding and targeted to be filled by 12/1/15: <ul style="list-style-type: none"> - Long Term Care Manager • Filled in interim, position posted and targeted to be filled by 12/2015: <ul style="list-style-type: none"> - Information Systems Manager - Pharmacy Director <p><i>Training (HIGH TO MEDIUM)</i></p> <ul style="list-style-type: none"> • Some staff trainings are underway with first weeks of training focused on the company and internal systems. • WellCare indicated trainings occur over 4 to 6 weeks; however, they have a contingency plan to hold 10-hour training days and weekend sessions. • Ability to have all care management staff hired in sufficient time to receive all necessary training by go-live is questionable.
--	---

Table 5. Office Space

<p>The majority of office presence/call center facilities are in Tampa, Florida and Columbia, South Carolina. WellCare of Iowa is in the process of building out office space in Iowa and is in a temporary space in the same building during this build out. WellCare of Iowa anticipates that the lease will be signed by December 1, 2015, with permanent operations beginning March 1, 2016.</p>	
<i>Degree of Impact</i> LOW	Moving could result in disruptions in phones and IT systems. However, given operations in the new office are not scheduled to begin until March 2016, impact at implementation is not a concern.
<i>Risk Areas</i>	Potential for delay in build out would require continued use of temporary space.

Findings from 2015 WellCare of Iowa Readiness Review

IV. RECOMMENDED MCO RISK MITIGATION STEPS

Navigant has recommended several mitigation steps for DHS to consider requiring WellCare of Iowa 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 WellCare of Iowa 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
LTSS	<ul style="list-style-type: none"> • Fill 80 percent of all LTSS care management staff positions • Provide contingency plans detailing how full operations will be supported without full staffing and ability to complete training by go-live 	<ul style="list-style-type: none"> • Fill 85 percent of all LTSS care management staff positions • Submit weekly status report verifying training is progressing as scheduled. Include in report: <ul style="list-style-type: none"> - Training start dates - Number of staff that started on each date - Number of trainee completion and dates of completion • Provide IME access to attend trainings and to interview staff in training or who have completed training • Provide demonstration and verification of data sharing between WellCare and ILS' care management platforms • Submit documentation verifying schedule for and completion of 	<ul style="list-style-type: none"> • Fill 90 percent of all LTSS care management staff • Demonstrate progress on contracting with LTSS providers to compliance with Provider Network standards outlined in contract for 75 percent of members • Provide plan for and status of provider education and community outreach to ensure continuity of care and payment for participating and non-participating providers • Develop transition plan based on receipt of claims history and other data files from IME 	<ul style="list-style-type: none"> • Submit schedule for care plan annual assessments due for Q1

Findings from 2015 WellCare of Iowa Readiness Review

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
			staff training on WellCare's and ILS' care management platforms		
Provider Network	<ul style="list-style-type: none"> Continue providing daily updates to IME on network development status and methods being implemented to address ongoing challenges 		<ul style="list-style-type: none"> Develop contingency to ensure access based on current status of network Provide status on loading contracts 	<ul style="list-style-type: none"> Provide a status of efforts to ensure continuity of care, particularly for non-participating providers regarding provider education and outreach Provide status of integration models with care management and discharge planners 	
Information Systems	<ul style="list-style-type: none"> Participate in various testing and data summit meetings with IME Provide updates on ability to complete exercises as staged 		<ul style="list-style-type: none"> Must adhere to and have successful completion of all test dates Provide updates on ability to complete exercises as staged Immediately report to IME any areas of concern or identified challenges with interface or exchange Implement contingencies as needed Initiate member mailings Submit verification to IME that all exchanges with subcontractors are tested and ready NOTE: IME will continue to evaluate progress with State's test file schedule and track any issues or concerns. 		
Hiring and Staffing	<ul style="list-style-type: none"> Complete the following hiring: <ul style="list-style-type: none"> 80 percent of Utilization Management staff 80 percent of Claims staff Provide detailed contingency regarding how operations will be supported for each area without defined staff 		<ul style="list-style-type: none"> Complete the following hiring: <ul style="list-style-type: none"> 90 percent of Utilization Management staff 90 percent of Claims staff Submit weekly, updated staffing projections using the template provided by IME. Submit status report verifying training is progressing as scheduled Submit trainee certificates of completion 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 		

Findings from 2015 WellCare of Iowa Readiness Review

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"> • Submit finalized scripts and other resource the MCO has developed specific to pre-enrollment calls (member and provider) • Submit weekly, updated staffing projections using the template provided by IME. 			
Office Space	<ul style="list-style-type: none"> • Provide a transition plan for moving to the permanent space, including when telephone lines and systems will be ready. Include in the plan how WellCare of Iowa will assure no disruption in services for members or providers. • Provide a plan for operations if WellCare of Iowa is further delayed from transitioning into the new space. • Determine if notices should be provided to any stakeholders for office move (e.g., if providers have been coming to temporary space and need new address) • Notify IME when build-out of office space is complete 			

Findings from 2015 WellCare of Iowa Readiness Review

V. IME MONITORING RECOMMENDATIONS

As WellCare of Iowa 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
LTSS	<ul style="list-style-type: none"> • If hiring and training not complete, continue to review weekly status updates • Require reports about completion of annual assessments due for Q1, noting delays, reasons for challenges in timely completion of due assessments • Require weekly call center reports for any LTSS issue • Monitor complaints about continuity of care, access to care managers and access to providers and how those complaints are resolved • Monitor access to non-participating providers continues to be allowed for 90 days • Monitor trends in provider complaints and require updated plans for outreach and education
Provide Networks	<ul style="list-style-type: none"> • Evaluate claims status reports weekly • Review denial reason report weekly for first 30 to 90 days • Continue to evaluate network development status weekly for provider types for which network adequacy continues to be low • Evaluate bi-weekly the status of key issues, provider outreach, call center statistics related to access or provider concerns • Report weekly member complaints about provider access
Information Systems	<ul style="list-style-type: none"> • Evaluate Claims status reports on weekly basis • Review denial reason report weekly for first 30 to 90 days • Monitor daily updates and alerts (834, pregnancy alerts, death alerts, etc.)
Hiring and Staffing	<ul style="list-style-type: none"> • Continue with "secret shopper" calls • More routine call center statistics reporting • Evaluation of care management duties, touches, etc. • Reporting and evaluation of training classes for first 90 days • Evaluation and alerts for staff retention • Status on all transitions for various call center functions
Office Space	<ul style="list-style-type: none"> • Confirm operations commence in their permanent space and that there are no member or provider complaints • Monitor status of satellite locations becoming operational • Confirm locations provide for confidential settings to conduct discussions with members and that protected health information is secure

Findings from 2015 WellCare of Iowa Readiness Review

APPENDIX A. CMS GATE REVIEW CROSSWALK

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"> • Primary care, adult and pediatric • OB/GYN • Five most common adult and pediatric specialty providers • Hospital • Pharmacy • LTSS providers • Behavioral providers, adult and pediatric (use Magellan’s directory versus FFS for this provider type) 	Provider contracting of total active FFS providers as of November 17, 2015 <ul style="list-style-type: none"> • See WellCare’s Provider Network Adequacy report • WellCare of Iowa has not yet achieved 50 percent of current FFS providers

Findings from 2015 WellCare of Iowa Readiness Review

IA Health Link Program Implementation		
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"> WellCare’s staffing update as of November 17 indicates 39.6% (137 of 346) projected staff is hired. All member and provider customer service center positions are filled.

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.	Administration	<ul style="list-style-type: none"> Hiring plan including job descriptions 	<ul style="list-style-type: none"> Submitted hiring plan, including contingency plan for training of staff hired at late dates.
	<i>Operation Activities for Assessment</i>	<ul style="list-style-type: none"> Building readiness including work space and accessibility 	<ul style="list-style-type: none"> Significant office presence in Tampa, FL and call center in Columbia, SC. Local office space in Iowa: <ul style="list-style-type: none"> - In process of build out; are in temporary space in same building and can operate from this space if delayed. - Will also establish satellite offices across State.
	<ul style="list-style-type: none"> State Resources for Program Operations Interagency Coordination Stakeholder Engagement 	<ul style="list-style-type: none"> System capacity to report member service calls and issues daily during the transition period 	<ul style="list-style-type: none"> Demonstrated call tracking and reporting capabilities.
	<ul style="list-style-type: none"> Training schedule and materials prepared 	<ul style="list-style-type: none"> Very limited trainings at time of reviews. Navigant reviewers joined an employee onboarding training session focused on use of care management 	

Findings from 2015 WellCare of Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
			<p>systems and found that portion of the session to be thorough.</p> <ul style="list-style-type: none"> • Provided training plan that noted contingencies for accelerating trainings, if needed, by conducting 10-hour training days and weekend classes.
		<ul style="list-style-type: none"> • Contingency plans to pull from other health plans cannot hire enough for start date 	<ul style="list-style-type: none"> • Have filled key personnel positions with interim corporate staff until filled. • Have robust number of corporate staff to support operations, as needed, if still hiring/training at go-live. • Have stated commitment to IA Health Link Program and having support from corporate offices as necessary.
2.	<p>Enrollment-Related Functions</p> <p><i>Operation Activities for Assessment</i></p> <ul style="list-style-type: none"> • Enrollment and Disenrollment • Auto-assignment • Enrollment Broker 	<ul style="list-style-type: none"> • Member materials developed and approved by the state • Call center scripts developed and approved and staff trained on benefits 	<ul style="list-style-type: none"> • Have submitted member materials to State for review. State is currently reviewing for approval. • Demonstrated resources for use by member services representatives after implementation (e.g., FAQs, knowledge management and reference materials, etc.). • “Secret shopper” calls to member services representatives taking pre-enrollment calls identified need for additional training and resources; staff had not yet been trained on benefits at time of reviews. • Submitted scripts for pre-enrollment calls based on feedback received during onsite reviews.

Findings from 2015 WellCare of 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"> • Choice Counseling and Beneficiary Support system • Eligibility and Enrollment Systems • Outreach • Enrollee Information • Marketing • Fraud and Abuse 	<ul style="list-style-type: none"> • Call center contingency plans developed 	<ul style="list-style-type: none"> • Taking pre-enrollment calls in Columbus, SC call center. • Training being provided to additional call center representatives in that location in the event that back-up is needed. • Staff in Tampa, FL call center will also be trained to take back-up calls, as needed.
		<ul style="list-style-type: none"> • Compliance officer hired and employee fraud prevention and notification materials signed 	<ul style="list-style-type: none"> • Compliance officer position filled at the corporate level.
3.	Member Services	<ul style="list-style-type: none"> • Develop member handbook and get approved by the state 	<ul style="list-style-type: none"> • 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.
	<i>Operation Activities for Assessment</i>	<ul style="list-style-type: none"> • Load LTSS service plans as authorizations 	<ul style="list-style-type: none"> • Timeline indicates that IME will provide LTSS service plans to MCOs mid-December.
	<ul style="list-style-type: none"> • Member Handbook and Enrollee Information • MCO and State Customer Services • Outreach, Scheduling, and Transportation 	<ul style="list-style-type: none"> • Similar functions to enrollment and interface with state and enrollment broker 	<ul style="list-style-type: none"> • Navigant unable to review given timeline for testing and file transfer with IME; desk review materials indicate processes for accepting enrollment files. • Are in process of preparing systems for receipt of 834 file.

Findings from 2015 WellCare of Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	Enrollee Services and Supports	<ul style="list-style-type: none"> • Policies and procedures about member information and outreach 	<ul style="list-style-type: none"> • Has complete policies and procedures about member information and outreach materials pending IME approval at time of Navigant reviews.
		<ul style="list-style-type: none"> • Continuously updated provider directory for call center staff to reference 	<ul style="list-style-type: none"> • Has a process to regularly update provider directory for call center staff reference.
4.	Service Provision <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> • Utilization Management • Service Delivery • Service Planning 	<ul style="list-style-type: none"> • Policies and procedures developed and staff trained 	<ul style="list-style-type: none"> • Has policies and procedures. • Training was just beginning for some staff at time of onsite reviews, with plans for most trainings to begin early December.
		<ul style="list-style-type: none"> • Practice guidelines developed and approved for use by the state 	<ul style="list-style-type: none"> • WellCare of Iowa provided information about the guidelines they use. IME currently review guidelines for approval.
		<ul style="list-style-type: none"> • Inter-rater reliability tested 	<ul style="list-style-type: none"> • Policies and procedures as well as onsite discussion detailed process for inter-rater reliability testing. • Staff were not available during reviews to discuss related training.
		<ul style="list-style-type: none"> • Case management system functioning and staff trained on person-centered planning, system usability and level of detail in documentation necessary 	<ul style="list-style-type: none"> • Case management system demonstrated during onsite reviews appears to be user-friendly and thorough in information captured. • Training just beginning at time of onsite reviews, with plans for most trainings to begin early December.

Findings from 2015 WellCare of 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"> Interface with HCBS case managers to integrate into plan case management system 	<ul style="list-style-type: none"> Indicated they will provide access to case management systems for all case managers, including subcontractors. Will facilitate obtaining of information provided to case managers who may not want to access systems.
		<ul style="list-style-type: none"> Staff trained on all services available in the appropriate c waivers and community based supports resources 	<ul style="list-style-type: none"> Training just beginning at time of onsite reviews, with plans for most trainings to begin early December. Has a Director responsible for advocacy and community relations who has been working in the State for several months and has an understanding of available resources.
5.	<p>Access</p> <p><i>Operation Activities for Assessment</i></p> <ul style="list-style-type: none"> Provider Network Adequacy Access and Availability Access for People with Disabilities or Other Special Needs 	<ul style="list-style-type: none"> Plans do provider outreach to enroll providers and provide assistance through the credentialing process 	<ul style="list-style-type: none"> Conducting extensive provider outreach. Given IME decision to allow deemed credentialing, will use their own process effective April 1, 2016.
		<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Policies and procedures indicate responsibility for providing adequate training to LTSS providers, including enrollment and credentialing practices. Indicated they will work closely with community organizations and with CDAC providers to ensure they understand payment processes.
		<ul style="list-style-type: none"> Work with providers to ensure appropriate and accurate information collected during credentialing process to ensure provider 	<ul style="list-style-type: none"> Will begin using their own credentialing process effective April 1, 2016.

Findings from 2015 WellCare of 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"> MCO Contracts with Network Providers 	directory is accurate and can include information like cultural competency, disability accessibility and open panels	<ul style="list-style-type: none"> Demonstrated Provider Directory onsite, which highlights providers accepting new patients. Policies and procedures outline protocols for ensuring providers deliver culturally competent care.
		<ul style="list-style-type: none"> Policies and procedures developed on provider credentialing process and ability for credentialing committee to meet more frequently if necessary 	<ul style="list-style-type: none"> Policies and procedures outline provider credentialing process and credentialing committee.
		<ul style="list-style-type: none"> Ability to pull from corporate staff if necessary to credential and enroll providers more quickly 	<ul style="list-style-type: none"> Noted across all areas ability to pull corporate staff as needed to support implementation and facilitate transition.
		<ul style="list-style-type: none"> Single case agreement process developed to handle out of network providers 	<ul style="list-style-type: none"> Policies and procedures outline network development, noting all provider types during the first six months of the Contract must receive contract offers, at minimum, at Medicaid fee-for-service rates.
		<ul style="list-style-type: none"> Outreach and education plan in place for all providers being handled out of network 	<ul style="list-style-type: none"> Will coordinate payment for treatment of service with out-of-network providers and will implement mechanisms to communicate liability amounts. Indicated during onsite reviews that they will work with out-of-network providers to train and educate them about processes and procedures.

Findings from 2015 WellCare of Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
6.	Continuity and Coordination of Care <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> • Identifying and Assessing Health Care Needs • Primary and Specialty Care Coordination • Continuity of Care during transition from FFS • Coordination with Carved-Out Services, Community Services, or Other State Programs/ Agencies 	<ul style="list-style-type: none"> • Hire and train case managers in regular case management and in HCBS (even though people will be able to keep their case managers) 	<ul style="list-style-type: none"> • Has targeted hiring of 171 LTSS care management staff (of which 15 are supervisors), but as of 11/17/15 no positions filled; have 122 pending offers. • Plan for trainings to begin early December, with contingency plans to accelerate trainings, as needed, by conducting 10-hour training days and weekend sessions.
		<ul style="list-style-type: none"> • Develop strategy to cull data to pull people into the category of benefiting from case management 	<ul style="list-style-type: none"> • Comprehensive approach to risk stratification as well as identifying members in other forums (e.g., referrals) is in place.
		<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.
		<ul style="list-style-type: none"> • Policies and procedures developed related to continuity of care 	<ul style="list-style-type: none"> • Policies and procedures outline case management, processes to ensure care coordination among members.
7.	Grievance, Appeal, and Fair Hearing Process	<ul style="list-style-type: none"> • Training of call center and other enrollee facing staff to recognize when an issue is a 	<ul style="list-style-type: none"> • Provided discussion during onsite reviews of their process for how grievances and appeals will be handled by call center staff.

Findings from 2015 WellCare of Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	<p><i>Operation Activities for Assessment</i></p> <ul style="list-style-type: none"> • General Requirements • Enrollee Reporting of Grievances and Appeals • Handling Grievances and Appeals • Monitoring Grievances and Appeals 	grievance or appeal and when it should be referred to other staff at the plan to handle	
		<ul style="list-style-type: none"> • Tracking mechanism is in place for all staff to track when a grievance or appeal is filed with internal notifications for processing 	<ul style="list-style-type: none"> • Policies and procedures identify how tracking of grievances and appeals occurs in their systems.
		<ul style="list-style-type: none"> • Develop state specific reporting mechanism 	<ul style="list-style-type: none"> • Indicated during onsite reviews that their systems are prepared to develop state specific reports. Awaiting additional detail from the Reporting Manual regarding what types of reports will need to be produced.
8.	<p>Critical Incident Monitoring and Reporting</p> <p><i>Operation Activities for Assessment</i></p> <ul style="list-style-type: none"> • Monitoring LTSS member health and welfare • Incident reporting and structural safeguards 	<ul style="list-style-type: none"> • Train staff (call center and care coordination) on state requirements for monitoring health and welfare 	<ul style="list-style-type: none"> • Training was just beginning at time of onsite reviews, with plans for most trainings to begin early December.
		<ul style="list-style-type: none"> • Maintain easily accessible public reporting system for critical incidents with policies and procedures for investigation and disposition, including emergency institutional placement if needed 	<ul style="list-style-type: none"> • ILS vendor has national qualifications in this area. WellCare of Iowa and ILS have partnered in multiple states. • ILS has system for supervisors to monitor member health and welfare and to properly track incident issues; system will be shared with WellCare of Iowa staff.

Findings from 2015 WellCare of Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
9.	Quality <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> • Elements of State Quality Strategy • MCO Structural and Operational Standards • Quality Assessment and Performance Improvement • External Quality Reviews 	<ul style="list-style-type: none"> • Quality management plan developed and staff trained on the management plan 	<ul style="list-style-type: none"> • Has a quality management workplan that outlines planned quality improvement initiatives for the next five years. • Workplan will be used when training staff regarding quality initiatives and strategies for Iowa.
		<ul style="list-style-type: none"> • Policies and procedures created related to the quality systems in place 	<ul style="list-style-type: none"> • Policies and procedures outline quality systems and quality management processes.
		<ul style="list-style-type: none"> • Performance Improvement projects developed and committees set up to measure any improvements 	<ul style="list-style-type: none"> • Policies indicate coordination with the EQRO and commitment to establishing Performance Improvement Projects.
10.	Systems <i>Operation Activities for Assessment</i> <ul style="list-style-type: none"> • General MMIS Operations • Payment Systems • Eligibility and Enrollment 	<ul style="list-style-type: none"> • See finance and encounter data. 	<ul style="list-style-type: none"> • Demonstrated during onsite reviews their systems, which will capture finance and encounter data.
		<ul style="list-style-type: none"> • Provide status of system readiness based on testing 	<ul style="list-style-type: none"> • Systems demonstrations indicated prior authorization criteria, benefits, etc. will be loaded upon receipt from IME for use in review of services for approval. • Readiness reviews occurred prior to beginning of testing schedule; therefore, IME staff conducting testing will be monitoring status.

Findings from 2015 WellCare of 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"> • Third Party Liability (TPL) • MCO Information Systems, including Provider Payment Systems 		
11.	Program Integrity <i>Operation Activities for Assessment</i>	<ul style="list-style-type: none"> • Develop systems to track and collect program integrity issues 	<ul style="list-style-type: none"> • Demonstrated systems which will track and collect program integrity issues, including grievances and appeals and provided discussion about monitoring processes.
	<ul style="list-style-type: none"> • State Administrative Structure, Communication, and Reporting 	<ul style="list-style-type: none"> • Hire compliance officer and train staff on identification of fraud and abuse 	<ul style="list-style-type: none"> • Compliance officer position filled at corporate level.
	<ul style="list-style-type: none"> • Finance, Data and Systems Assurance 	<ul style="list-style-type: none"> • Develop reporting structure for the state when issues are identified 	<ul style="list-style-type: none"> • Policies and procedures outline various avenues for reporting issues to the State.
	<ul style="list-style-type: none"> • General Contractor Oversight and Reporting • Provider Screening and Enrollment 	<ul style="list-style-type: none"> • Develop plan to report any collection of overpayment to the systems process 	<ul style="list-style-type: none"> • Policies and procedures outline processes in reporting overpayments, including how to report information to the State.
12.	Encounter Data	<ul style="list-style-type: none"> • Test file transfers with the state and remedy any issues 	<ul style="list-style-type: none"> • Readiness reviews occurred prior to beginning of testing schedule; therefore, IME staff conducting testing will be monitoring status.

Findings from 2015 WellCare of Iowa Readiness Review

IA Health Link Program Implementation			
No.	CMS Identified Functional Area	CMS Identified Action Steps for MCOs	Navigant Comments
	<p><i>Operation Activities for Assessment</i></p> <ul style="list-style-type: none"> • Encounter Data System Design • Standards for Collection of Encounter Data • Using Encounter Data System to Monitor Managed Care performance 	<ul style="list-style-type: none"> • Develop policies and procedures about timeliness and frequency of data transfers 	<ul style="list-style-type: none"> • WellCare provided policies and procedures, which discuss timeliness and frequency of data transfers and claims processing.
		<ul style="list-style-type: none"> • Develop any contracts with subcontractors about encounter data submission so it complies with how the state will need to collect it 	<ul style="list-style-type: none"> • WellCare has developed and are in the process of implementing contracts with the following subcontractors that will be submitting encounter data: <ul style="list-style-type: none"> ○ Independent Living Systems ○ MTM ○ CVS • WellCare has indicated onsite that they will oversee and monitor the encounter data submissions of the subcontractors and take responsibility of making sure this data complies with State requirements.
		<ul style="list-style-type: none"> • Develop testing plan to prevent duplicates and other erroneous encounters being sent to State 	<ul style="list-style-type: none"> • Readiness reviews occurred prior to beginning of testing schedule; therefore, IME staff conducting testing will be monitoring status.
13.	<p>Finance</p> <p><i>Operation Activities for Assessment</i></p>	<ul style="list-style-type: none"> • Test claims payment functions and have working policies and procedures on timely payment of claims 	<ul style="list-style-type: none"> • Policies and procedures outline process for submission of timely payment of electronic and paper claims.
		<ul style="list-style-type: none"> • Train staff on other areas of TPL to ensure appropriate billing of third parties 	<ul style="list-style-type: none"> • Indicated onsite that TPL is identified in system for staff to easily identify and has stated they will train staff to assist with appropriate billing of third parties. .

Findings from 2015 WellCare of 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"> • General Financial Oversight Payments to Providers • Third Party Liability (TPL) and Coordination of Benefits 	<ul style="list-style-type: none"> • Provider TA on filing a clean claim – especially for LTSS providers 	<ul style="list-style-type: none"> • Specified during onsite discussions that they will provide assistance to providers to file a clean claim. • Providers will be able to also call Provider Services hotline for assistance. • For LTSS providers, including CDAC providers, who do not have access to electronic systems, they will allow for processing of paper claims.
		<ul style="list-style-type: none"> • Develop system edits for specific benefits including which services need prior authorization 	<ul style="list-style-type: none"> • Demonstrated during onsite reviews how the system will identify benefits that require prior authorization, how this will be recorded in the system and how this information will be relayed to members.
		<ul style="list-style-type: none"> • Create any system edits necessary to account for claims from LTSS providers which may have unique service codes or other pertinent factors 	<ul style="list-style-type: none"> • Demonstrated systems to account for claims from LTSS providers; testing is occurring at a later date with IME staff.
		<ul style="list-style-type: none"> • If necessary, ensure ability of LTSS providers to bill with paper claims if systems capabilities are not as advanced 	<ul style="list-style-type: none"> • WellCare of Iowa and ILS stated that any provider without access to the system will submit paper claims, which will be converted to a PDF file and incorporated into the system.

Findings from 2015 WellCare of Iowa Readiness Review

WellCare of Iowa
Readiness Review On-Site Summary
November 4-5, 2015

APPENDIX B. FOLLOW UP ITEMS REQUESTED POST ONSITE REVIEWS

Navigant identified need for the below follow up items from WellCare of Iowa during on-site meetings. **Except where noted please provide information indicated in items 1 through 8 via email to Nancy Kim at nancy.kim@navigant.com no later than Monday, November 16, 2015.**

1. **Key Personnel.** Provide a detailed plan that describes how and when WellCare of Iowa 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 <i>(Include those filled in interim)</i>	Status <i>(Posted, Interviewing, Offer Out, etc.)</i>	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 WellCare of Iowa anticipates filling open positions. Use Table 2 at the end of this document to provide hiring and training status. In addition, provide an explanation of how WellCare of Iowa 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. **IHH:** Provide a template of contract addendums used to partner with Integrated Health Homes (IHHs).
4. **Case 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,

WellCare of Iowa
Readiness Review On-Site Summary
November 4-5, 2015

and your rationale for these ratios. Note if ratios differ across service areas (physical health, behavioral health and long-term services and supports).

5. **Member Services Call Center:** Provide resource tools, such as FAQs and scripts, prepared for call center representative use for pre-enrollment calls and the workplan for training of staff who are receiving these calls.
6. **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.*
7. **Subcontracts:** Submit the following subcontracts to IME. Per the Agreement, IME may elect to request others for review:
 - a. MTM
 - b. Veridian Fiscal Solutions
 - c. Independent Living Systems
 - d. Premier
 - e. Teleperformance
 - f. Alere
 - g. CVS/Caremark

For MTM, provide a summary of the services MTM will provide including an overview of the anticipated use of vehicles (e.g., MTM vehicles, public transportation, member's own vehicles, ride-sharing services such as taxis, Ubers, etc.).

For all other noted subcontractors, provide a summary of the services each will provide.

For all noted subcontractors, provide a workplan 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

WellCare of Iowa
Readiness Review On-Site Summary
November 4-5, 2015

- Number of other staff being hired and hiring status for the Iowa market
- Staff training dates

Provide WellCare of Iowa's process for oversight of subcontractor activities to assure they are ready to begin services January 1, 2016.

8. **Office Space:** Provide a status of the 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.

The below items note follow up, as discussed by IME and WellCare:

- a. A variety of information and testing is needed for system readiness. WellCare of Iowa noted a need of the following from IME:
- Test plan, test file, test cases, file layouts (834 file is priority) (*A timeline for receipt of test files and certain test files have been provided*)
 - Benefits configuration
 - Historical claims data
 - Duals: crossover claims data
 - Encounter editing
 - CDAC providers – requested results of further data mining and previous budget for members
 - Level of Care Assessments and Care Plans – these are not planned to be provided until after member files are provided December 17. WellCare requested reconsideration for provision at an earlier date.
- b. WellCare of Iowa requested number of Medicaid members by zip code.
- c. IME indicated they can provide estimated number of individuals who have opted out of health homes.
- d. IME indicated a possible meeting in early December with CDAC providers and will discuss adding an agenda item for each of the MCOs to speak to them about participating.

Attachment 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 ³	Actively Recruiting	Pending Offers	Weeks of Training Required	Number Staff Who Have Started Training	Dates Trainings to Begin ⁴	Contingency Plan
Member Call Center Representatives									
Provider Call Center Representatives									
LTSS:									
Care Management Supervisors									
Care Managers - Telephonic									
Care Managers - Field									

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

⁴ This could include multiple dates.

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

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