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OPERATIONS/READINESS REVIEW OF MECKLINK BEHAVIORAL HEALTHCARE

NORTH CAROLINA
DIVISION OF MEDICAL ASSISTANCE

January 3, 2013

Government Human Services Consulting

MARSH & McLENNAN COMPANIES

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Introduction

Purpose

This report summarizes the findings of the follow-up review to the 60-day pre-implementation readiness review of MeckLINK Behavioral Healthcare (MeckLINK), a local management entity (LME) in North Carolina that is implementing a prepaid inpatient health plan (PIHP) with a target date of February 1, 2013. MeckLINK was selected by the State of North Carolina (State), Department of Health and Human Services (DHHS), as a successful applicant for the Centers for Medicare and Medicaid Services (CMS) Section 1915(b)(c) waiver expansion.

The Division of Medical Assistance (DMA), representatives of the intra-departmental monitoring team (IMT) and Mercer Government Human Services Consulting (Mercer) conducted previous onsite readiness reviews of MeckLINK on August 28, 2012 and November 29, 2012. This report details findings from the follow-up review held on December 20, 2012 to assess overall implementation readiness.

Background

LMEs bidding on the PIHP must fully prepare their systems, staff and processes to implement the program, consistent with CMS requirements and State criteria, which is listed in Appendix A. DHHS also requires the implementing LMEs to adopt a set of policies and procedures (P&Ps) developed by Cardinal Innovations Healthcare Solutions (Cardinal Innovations), the first PIHP in North Carolina. Cardinal Innovations, in collaboration with the IMT, has designed effective P&Ps during the past several years. Thus, DHHS wants to ensure statewide consistency of P&Ps while also addressing local needs.

The DHHS DMA contracts with Mercer to assist the IMT in its oversight of the PIHP implementation process. The IMT includes representatives from DMA and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS). As part of its oversight, the IMT conducts readiness reviews. Mercer provides technical assistance to the IMT on readiness milestones and prepares the readiness review reports.

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Readiness Status for February 1, 2013 Implementation

This section of the report highlights the key findings and recommendations. MeckLINK continues to make noteworthy progress since the last readiness review. Examples of accomplishments since the previous review include progress with hiring staff, reorganization of the call-center to have first line calls answered by non-licensed clinicians, updated flow charts to reflect current clinical operations, progress in executing provider network contracts and AlphaMCS client information system development.

However, despite significant advances, numerous critical tasks necessary to successfully implement the waiver are still outstanding, and it is unlikely that all can be successfully resolved prior to the targeted February 1, 2013 implementation date. Mercer believes that additional time is necessary to prepare for implementation. Diligent oversight must occur (i.e., weekly detailed status updates) and evidence of successful completion of critical tasks must be closely monitored for MeckLINK to achieve waiver readiness. Additionally, Mercer recommends that MeckLINK complete the following overarching tasks to assist them with timely implementation:

1. Analysis, scope and estimate for all remaining work
2. Updated work plan to match and track milestones associated with the item 1. above
3. Development of a detailed test plan for Alpha and Advantage, including balancing between systems
4. Development of a schedule for completion of all critical reports. Reports need to be designed, scoped (sized) and detailed test criteria established and executed

Key Findings and Recommendations

The following tables outline key findings and recommendations.

Findings	Recommendations
Customer Services	
• MeckLINK has filled two of the previous three staffing vacancies and is in the final stages of filling the remaining vacancy. MeckLINK reassessed the planned staffing model for the customer service department and now four intake help desk specialists (non-licensed) answer incoming calls and collect demographic/insurance information. A warm transfer to a licensed clinician takes place when indicated and instead of activating a bell, an alert banner has been activated on computer screens to notify licensed staff when they are needed urgently. Four case coordinators (two non-licensed/non-clinical and two qualified professionals) answer incoming calls when the help desk specialists are occupied. MeckLINK is currently using the adjacent hospital to handle after-hours calls and plans to offer 24/7 call response in mid-January 2013. • MeckLINK developed a plan to handle a 100% increase in call volume upon implementation; utilization management staff are trained and prepared to handle overflow. MeckLINK is also negotiating a contract with Partners Behavioral Health Management (to begin in March 2013) to handle overflow calls.	• Continue to assess the resources necessary in order to have non-clinicians respond initially to calls. MeckLINK's experience with use of non-licensed clinicians for initial calls has resulted in an overall decrease in clinician call time and greater efficiency, reserving licensed clinicians for complex clinical issues. • Call volume must be tracked and monitored to adjust staffing during implementation. • Begin 24/7 call center operations as soon as feasible. • MeckLINK needs to expedite subcontracts related to support for potential call center overflow.
• The MeckLINK home page was revised to display the call center number more prominently. MeckLINK continues to have a separate complaint line listed at the bottom of the home page. This line does not route directly to the call center if not answered. MeckLINK may have a separate line for complaints as long as callers are automatically routed to the 24/7 call center line if the complaint line is not answered timely. Best practice is to have one telephone line for all consumer-related calls that is answered within three rings.	• MeckLINK should either route complaint calls to the call center if not answered timely or eliminate the separate complaint line.
• MeckLINK's disaster recovery plan includes the use of laptops and cell phones, care coordination sites, county offices, the adjacent hospital and a Division of Social Services site approximately five miles away. MeckLINK is also negotiating a contract with Partners Behavioral Health Management (to begin in March 2013) to assist with business continuity/disaster recovery needs.	• MeckLINK should ensure that all components of the disaster recovery plan are fully tested prior to waiver implementation. • Because there are multiple options available, the disaster recovery plan should clearly articulate when each option would be activated.

Findings	Recommendations
Customer Services	
• MeckLINK has developed report specifications for tracking calls that require clinical triage versus those that are informational in nature, but the report is not yet functional. Supervisors are using an Excel spreadsheet to track and analyze the type and nature of calls handled by the call center to assist with the assessment of call center staffing patterns.	• A formal report for tracking clinical triage versus other calls should be operational prior to implementation to assist with allocation of staffing resources.
• The Cisco call center system currently produces call center statistics. Other customer service management reports are currently in development.	• Finalize identification, development, testing and production of customer service management reports.

Findings	Recommendations
Clinical Care Management/Utilization Review (CM/UR)	
• MeckLINK still has 225 supports intensity scale evaluations to complete. Fourteen to eighteen evaluations are being scheduled with families weekly. Currently there are two certified evaluators. Two additional evaluators will be hired and trained by mid-January 2013.	• The evaluation schedule is ambitious and should be tracked to assess if an additional evaluator is needed on a temporary basis.
• While some reports are tested and in production, MeckLINK is still in the process of developing and testing critical management reports and data dashboards.	• Finalize identification, development, testing and production of care coordination and CM/UR management reports.
• MeckLINK has conducted provider trainings (including technical assistance to hospital provider groups) regarding the process to submit, revise and review service authorization requests (SARs). While MeckLINK has developed an electronic training module for providers on SARs and claims payment, in addition to conducting live training, not all providers have participated in the training.	• MeckLINK should track providers that have completed training and provide outreach to untrained providers to prevent any disruption in service to members or confusions about authorization and payment.
• Between July and December 20, 2012, there were approximately 37,000 authorizations by ValueOptions. MeckLINK estimates that approximately 2,900 authorizations will need to be inputted for January 1, 2013 and is in the process of determining how test data will be handled. MeckLINK believes it has the necessary resources to handle this workload.	• MeckLINK should complete testing and prepare for the volume of authorizations that will need to be inputted into Alpha in order to prevent potential interruptions in care.

Findings	Recommendations
Network Operations/Provider Relations	
• MeckLINK has refined the numbers of expected contracts downward for licensed independent practitioners (LIPs) and agency providers due to reviewing the applications and other network analysis activities. At the time of the December 20, 2012 onsite review, the following information was reported regarding MeckLINK's provider network development efforts: — LIPs – 130 contracts expected: 94 LIPs still in credentialing process; 96 contracts developed and entered into Alpha; 36 fully executed contracts (28%). — Agencies – 166 contracts expected and all have been developed and entered into Alpha; 141 fully credentialed; 141 fully executed contracts (85%). — Group practices – 79 contracts expected; 68 still in credentialing process; 46 contracts developed and entered into Alpha; 14 fully executed contracts (18%). — Hospitals – Nine contracts expected (includes two hospital systems and seven other hospitals); credentialing complete for the two hospital systems and contracts have been mailed but not yet returned; credentialing and contract development for the remaining seven hospitals in process; Alpha entry in process.	• Complete provider credentialing, contracting and loading of data into the client information system to support the authorization of covered services and claims processing. • There are no fully executed hospital contracts at this time. Mercer recommends weekly tracking and reporting on the network status.
• MeckLINK is expecting to finalize all network operations hiring by January 9, 2013.	• Complete hiring and training of network operations staff.
• The network operations department has requested reports that are available via AlphaMCS, but MeckLINK currently lacks the capability to run and produce ad hoc reports.	• Finalize identification, development, testing and production of network operation's management reports.

Findings	Recommendations
Quality Assurance and Quality Improvement (QI)	
• The quality management (QM) department still has three vacancies (two QI analysts and one appeals coordinator). All staff members are expected to be hired by early January.	• Complete hiring and training of QM staff. • The complement of QM staffing is low. MeckLINK should reassess the QM staffing during the next several months to determine its adequacy. If the current hiring phase identifies potential applicants, at least one additional full-time employee (FTE) could be hired immediately to assist with data management and reporting.

Findings	Recommendations
Financial Management/Monitoring	
• MeckLINK's chief financial officer, started on December 12, 2012.	• Establish a plan of the critical functions necessary to transition to a managed care organization, including finalizing the chart of accounts and prioritizing the development and testing of critical financial reports and controls.
• Program integrity/fraud and abuse is to be subcontracted to an outside vendor. However, the contract has not been finalized, P&Ps do not exist, and MeckLINK does not have a telephone number or web application set up or have a plan to set up for reporting fraud and abuse.	• Establish the program integrity department by: – Finalizing the contract for the program integrity staff – Developing P&Ps – Setting up a dedicated telephone line and web application for reporting fraud and abuse – Posting the fraud and abuse contact information on the website – Developing tools to track fraud and abuse cases, status and resolution information.
• There is no process in place for tracking a refund check received from a provider from the Advantage general ledger system back through the AlphaMCS claims system to ensure accurate application of the funds received.	• Accounting and claims staff need to develop an operational process that will provide accurate tracking of a refund check received from the provider from the Advantage system to the AlphaMCS system, data reporting sources and the 835 remittance transaction.

Findings	Recommendations
Financial Management/Monitoring	
• P&Ps have not been finalized for many processes specific to Medicaid. These include, but are not limited to: — Payments for out-of-network providers including sending of paper remittance advice — Risk reserve fund — Third party liability — Fraud and abuse — Reconciliation of advance payments, including Rubicon settlements	• Finalize P&Ps and gain executive approval for all policies related to Medicaid and the waiver program. Clearly identify the owner of the procedures and date of implementation. Progress was made in establishing some P&Ps; however, separation of policies from procedures may be necessary since there are several redundant policies and other policies can be combined. Policies with multiple methods of implementation may point to more than one procedure. Procedures should be more detailed and reference reports used for controls and reconciliations.
• The procedure for estimating and accruing incurred but not reported is reasonable and adequate, although it does not follow the standard methodology prescribed by DMA.	• MeckLINK needs to refine estimates for loss ratio calculations to incorporate historical data as it becomes available. This may include the use of prior authorizations, historical claims information provided by the State, claims information from AlphaMCS such as the claims lag report, etc.
• Processes to reconcile the AlphaMCS claim data, the Advantage general ledger, the report server and business objects/data warehouse data have not been tested to ensure data integrity and consistency across all systems.	• MeckLINK needs to implement processes to reconcile all data including financial information, across all data sources including AlphaMCS, Advantage, the data warehouse and all other report sources (e.g., data cubes). Reconciliation processes must be thoroughly tested and documented to include control total checks such as record counts, dollar amounts and other fields as determined necessary. Currently, certain procedures will create discrepancies across systems and reports (i.e., not sending all processed claims from AlphaMCS to Advantage).
• The risk reserve fund required by the State has not been established although the selection of North Carolina Cash Management Trust to administer investments is planned, and a policy for maintenance has been drafted.	• A risk reserve fund needs to be established as required by the State along with finalizing appropriate P&P documentation for maintaining the required balance.
• The capitation reconciliation policy refers mainly to the process of reconciling the eligibility files rather than the capitation file to the members eligible for Medicaid services.	• MeckLINK needs to develop detailed procedures and processes which reconcile membership and capitation. Processes need to identify and report all discrepancies and incorporate resolution procedures for any mismatched data.

Findings	Recommendations
Claims and Information Technology (IT)	
• AlphaMCS claims system configuration testing for waiver services is incomplete. Robust testing needs to confirm accuracy of provider configuration, fee schedules, pricing, remittance advice and all system edits.	• Thorough testing of the AlphaMCS system needs to continue to verify the system is set-up accurately for proper edit application and claims payment. This includes scenarios for each system edit, claim appeals/adjustments, coordination of benefits, inpatient, emergency department, out of network providers, etc.
• System availability and performance are impeding user acceptance testing.	• AlphaCM needs to address system performance issues. Given the amount of acceptance testing and user training that needs to occur any system performance issues that are not addressed could pose a risk to meet key milestone and delivery dates.
• Project plans contain inaccuracies.	• MeckLINK needs to maintain dates and percent complete information in order to monitor project progress effectively. Recommend that a revised date be added that can be used to append a new date to any missed milestone.
• Project scope and analysis is incomplete.	• MeckLINK needs to complete all analysis for critical project tasks that are needed prior to go-live. This information will ensure appropriate resource alignment and allow leadership to monitor progress effectively.
• MeckLINK has begun formal testing of professional claims functions with providers; however, no out-of-network testing has been performed.	• MeckLINK needs to expand their testing to include all aspects of system configuration. The plan needs to develop a method for performing volume testing and verification and must complete this testing prior to go-live.
• MeckLINK has the ability to accept claims in all required formats as well as in paper.	• MeckLINK needs to establish processes which log, track and reconcile claims received by the organization, including paper and electronic data interchange (EDI) formats, to ensure all claims are accounted for. These processes should be used to confirm timely payments to providers as well as confirming all claims that are received are available in corporate reporting data sources.
• MeckLINK has begun testing 837 claims file submissions.	• MeckLINK needs to establish a detailed implementation strategy for all providers that will be submitting 837 batch claim files.
• MeckLINK has hired a consultant to perform a Health Insurance Portability and Accountability Act (HIPAA) analysis to ensure HIPAA security.	• Complete the HIPAA review to ensure data security and privacy training is complete.

Findings	Recommendations
Reporting	
• Medicaid reports for claims are in various stages of development.	• Testing needs to continue and include complete validation of the data along with the report's ability to meet the user's needs. Different reports of the same data must be able to report the same information (i.e., provider versus procedure codes). Ensure these reports provide MeckLINK the ability to operate as a PIHP at "go-live". This includes identification of key financial and clinical reports to identify areas of concern. The management team should discuss the reports to direct change and ensure continued fiscal solvency of the PIHP.
• State required financial reports are still being developed. No priority was assigned to reports critical to start, and neither program integrity nor high cost/high risk reports were identified in the master list of reports deemed necessary.	• State required reporting needs to be developed, tested and completed including program integrity and high cost/high risk reports. Testing of these reports needs to include complete validation of the data. Reporting on data from different sources (Advantage, AlphaMCS, data warehouse, reporting server) must be able to report the same end results (i.e., totals). Specifically need to ensure the ability to accurately produce reports by category of aid out of the various sources that agree overall to the summary level in the Advantage system.
• Some financial reports are developed by the IT department versus by the finance department.	• Financial reporting developed by the IT department must be tested to validate the results and ensure the reports are providing the expected information.
• Report scheduling has not been set up.	• Report scheduling should be set up so that efficiency can be gained after go live for staff to have necessary reports available upon arrival at work.
• Financial dashboards have not been developed.	• Financial dashboards need to be developed, tested and completed. Dashboards will provide immediate drill down capabilities in the reports and provide valuable information with which to oversee the results of the plan.
• Staff with the current capability to run reports seemed to be limited. Since many reports have not been developed, additional training will need to occur.	• Train appropriate departmental staff on how to access and run reports to manage business operations.

APPENDIX A

LME PIHP Criteria

1. A proven track record with demonstrated success in operating as a LME, as defined in North Carolina General Statues §122C-116.

2. Demonstrated capacity to operate a managed care program, as exemplified by:

   - Financial and risk management resources to ensure that liquidity and solvency requirements are met.
   - Flexible financial analysis and monitoring tools to identify service utilization and costs in a timely manner.
   - The ability to grow equity and capital resources while providing extended behavioral health benefits to State and county populations.
   - The ability to identify third party resources to ensure that Medicaid is the payer of last resort.
   - Effective fraud and abuse policies and detection mechanisms.
   - A cohesive management structure that meets the requirements to contract with the State.
   - A flexible, responsive customer services approach that is highly ingrained in the organization and that promotes 24-hour access to services.
   - Access to industry standard tools, technology and expertise in MH/DD/SAS.
   - A CM/UR program that is person-centered, emphasizes the principles of recovery, resilience and self-determination and relies on state-of-the-art utilization management protocols and clinical practice guidelines.
   - A well-developed QM program that has sufficient clinical and technical leadership and data management capabilities to monitor and improve access, quality and efficiency of care.
   - A provider network management program that facilitates the development, support and monitoring of network providers for the delivery of MH, DD and SAS provided to children, youth, families and adults.

- Experience and demonstrated success in implementing program innovations that result in improved administrative and clinical outcomes, such as increased access to care by traditionally underserved populations of all ages, improved community tenure, MH/DD/SAS-physical health integration and integrated assessment and service delivery for both co-occurring mental illness and substance use disorders and co-occurring mental illness and DD.

- Human resource and management support necessary to effectively recruit and retain clinical and administrative qualified professional staff.

- A solvent and financially viable organization that has sufficient financial and administrative resources to implement and operate managed care functions specified in the request for application (RFA).

- An automated management information system that is capable of performing all the activity, interfacing and reporting requirements (utilizing EDI) using HIPAA transactions.

3. Demonstrated capacity and a proven approach to managing systems of care that:

   - Rely on innovative approaches to address the diversity and cultures of the population served including, at a minimum, contracts with culturally competent providers.

   - Identify and implement the preferences of individuals and families in the design of services and supports through development and utilization of person-centered planning.

   - Facilitate the development of consumer-operated programs and use of peer support, including consumer/family team approaches.

   - Facilitate the development and utilization of natural supports.

   - Facilitate the use of self-management and relapse prevention skills, support stable housing and address the development and maintenance of healthy social networks and skills, employment, school performance or retirement activities.

4. Demonstrated capacity to implement the requirements specified in this RFA through a well-designed and detailed implementation plan that clearly articulates tasks, timeframes and expected results.

APPENDIX B

MeckLINK Plan of Development

The tasks below are considered vital for MeckLINK to address to successfully implement the waiver. Each task must be accomplished before the go-live date in order to help assure a smooth transition as a PIHP.

MeckLINK Plan of Development
Customer Services
• Call volume must be tracked and monitored to adjust staffing during implementation. • Begin 24/7 call center operations as soon as feasible. • MeckLINK needs to expedite subcontracts related to support for potential call center overflow. • MeckLINK should either route complaint calls to the call center if not answered timely or eliminate the separate complaint line. • MeckLINK should ensure that all components of the disaster recovery plan are fully tested prior to waiver implementation. • Because there are multiple options available, the disaster recovery plan should clearly articulate when each option would be activated. • A formal report for tracking clinical triage versus other calls should be operational prior to implementation to assist with allocation of staffing resources. • Finalize identification, development, testing and production of customer service management reports.
Clinical CM/UR
• The evaluation schedule is ambitious and should be tracked to assess if an additional evaluator is needed on a temporary basis. • Finalize identification, development, testing and production of care coordination and CM/UR management reports. • MeckLINK should track providers that have completed training and provide outreach to untrained providers to prevent any disruption in service to members or confusions about authorization and payment. • MeckLINK should complete testing and prepare for the volume of authorizations that will need to be inputted into Alpha in order to prevent potential interruptions in care.
Network Operations/Provider Relations
• Complete provider credentialing, contracting and loading of data into the client information system to support the authorization of covered services and claims processing. • There are no fully executed hospital contracts at this time. Mercer recommends weekly tracking and reporting on the network status. • Complete hiring and training of network operations staff. • Finalize identification, development, testing and production of network operation's management reports.

MeckLINK Plan of Development
Quality Assurance and QI
• Complete hiring and training of QM staff.
Financial Management/Monitoring
• Accounting and claims staff need to develop an operational process that will provide accurate tracking of a refund check received from the provider from the Advantage system to the AlphaMCS system, data reporting sources and the 835 remittance transaction.
• Finalize P&Ps and gain executive approval for all policies related to Medicaid and the waiver program. Clearly identify the owner of the procedures and date of implementation. Progress was made in establishing some P&Ps; however, separation of policies from procedures may be necessary since there are several redundant policies and other policies can be combined. Policies with multiple methods of implementation may point to more than one procedure. Procedures should be more detailed and reference reports used for controls and reconciliations.
• MeckLINK needs to refine estimates for loss ratio calculations to incorporate historical data as it becomes available. This may include the use of prior authorizations, historical claims information provided by the State, claims information from AlphaMCS such as the claims lag report, etc.
• MeckLINK needs to implement processes to reconcile all data including financial information, across all data sources including AlphaMCS, Advantage, the data warehouse and all other report sources (e.g., data cubes). Reconciliation processes must be thoroughly tested and documented to include control total checks such as record counts, dollar amounts and other fields as determined necessary. Currently, certain procedures will create discrepancies across systems and reports (i.e., not sending all processed claims from AlphaMCS to Advantage).
• MeckLINK needs to develop detailed procedures and processes which reconcile membership and capitation. Processes need to identify and report all discrepancies and incorporate resolution procedures for any mismatched data.
Claims and IT
• Thorough testing of the AlphaMCS system needs to continue to verify the system is set-up accurately for proper edit application and claims payment. This includes scenarios for each system edit, claim appeals/adjustments, coordination of benefits, inpatient, emergency department, out of network providers, etc.
• AlphaCM needs to address system performance issues. Given the amount of acceptance testing and user training that needs to occur any system performance issues that are not addressed could pose a risk to meet key milestone and delivery dates.
• MeckLINK needs to maintain dates and percent complete information in order to monitor project progress effectively. Recommend that a revised date be added that can be used to append a new date to any missed milestone.
• MeckLINK needs to complete all analysis for critical project tasks that are needed prior to go-live. This information will ensure appropriate resource alignment and allow leadership to monitor progress effectively.
• MeckLINK needs to expand their testing to include all aspects of system configuration. The plan needs to develop a method for performing volume testing and verification and must complete this testing prior to go-live.
• MeckLINK needs to establish processes which log, track and reconcile claims received by the organization, including paper and electronic data interchange (EDI) formats, to ensure all claims are

MeckLINK Plan of Development
accounted for. These processes should be used to confirm timely payments to providers as well as confirming all claims that are received are available in corporate reporting data sources. • MeckLINK needs to establish a detailed implementation strategy for all providers that will be submitting 837 batch claim files. • Complete the HIPAA review to ensure data security and privacy training is complete.
Reporting • Testing needs to continue and include complete validation of the data along with the report's ability to meet the user's needs. Different reports of the same data must be able to report the same information (i.e., provider versus procedure codes). Ensure these reports provide MeckLINK the ability to operate as a PIHP at "go-live". This includes identification of key financial and clinical reports to identify areas of concern. The management team should discuss the reports to direct change and ensure continued fiscal solvency of the PIHP. • State required reporting needs to be developed, tested and completed including program integrity and high cost/high risk reports. Testing of these reports needs to include complete validation of the data. Reporting on data from different sources (Advantage, AlphaMCS, data warehouse, reporting server) must be able to report the same end results (i.e., totals). Specifically need to ensure the ability to accurately produce reports by category of aid out of the various sources that agree overall to the summary level in the Advantage system. • Financial reporting developed by the IT department must be tested to validate the results and ensure the reports are providing the expected information. • Report scheduling should be set up so that efficiency can be gained after go live for staff to have necessary reports available upon arrival at work. • Financial dashboards need to be developed, tested and completed. Dashboards will provide immediate drill down capabilities in the reports and provide valuable information with which to oversee the results of the plan. • Train appropriate departmental staff on how to access and run reports to manage business operations.

The tasks below are important operational issues, but not considered as essential and critical for successful implementation of the waiver. The tasks below should be completed as soon as practical following the implementation of the waiver.

MeckLINK Plan of Development
Customer Services
• Continue to assess the resources necessary in order to have non-clinicians respond initially to calls. MeckLINK's experience with use of non-licensed clinicians for initial calls has resulted in an overall decrease in clinician call time and greater efficiency, reserving licensed clinicians for complex clinical issues.
Clinical CM/UR
• None.
Network Operations/Provider Relations
• None.
Quality Assurance and QI
• The complement of QM staffing is low. MeckLINK should reassess the QM staffing during the next several months to determine its adequacy. If the current hiring phase identifies potential applicants, at least one additional full-time employee (FTE) could be hired immediately to assist with data management and reporting.
Financial Management/Monitoring
• Establish a plan of the critical functions necessary to transition to a managed care organization, including finalizing the chart of accounts and prioritizing the development and testing of critical financial reports and controls. • Establish the program integrity department by: — Finalizing the contract for the program integrity staff — Developing P&Ps — Setting up a dedicated telephone line and web application for reporting fraud and abuse — Posting the fraud and abuse contact information on the website — Developing tools to track fraud and abuse cases, status and resolution information. • A risk reserve fund needs to be established as required by the State along with finalizing appropriate P&P documentation for maintaining the required balance.
Claims and IT
• None.
Reporting
• None.

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