

28. COUNTY READINESS REVIEW PROCESS

Overview

New York State and its local district partners have administered a large voluntary managed care program and numerous waiver projects since the mid 1980's.

Nevertheless, as the State moves toward expanding the mandatory program, and because recipients will be required to choose from among multiple plan choices and not be allowed to remain in the fee-for-service program, a higher level of outreach and education is needed. This chapter describes the Readiness Review Process for local districts.

The State conducts a pre-readiness review of each LDSS prior to commencement of enrollment within the county. These reviews are designed to determine whether each LDSS has the operational capacity to begin enrollment and whether documentation exists regarding MCO capacity and readiness.

Evaluations by the State are completed using a modified County Readiness Review Guide, which is included with the Protocol as Appendix 28.1. The Guide contains detailed information regarding specific issue areas. The following section provides a brief overview of readiness review components.

Readiness Review Components

LDSS Operations

The State evaluates all facets of LDSS operations as part of its assessment, including the following:

- Implementation Plans
 - education and outreach
 - enrollment (including disenrollment, exemption and exclusion processing)
 - local systems modifications and testing (if any)
 - MCO oversight plan
- Staffing
 - staffing levels
 - staff training activities
 - availability of reference materials
 - accessibility of enrollment information (e.g., terminal availability)
- Written Materials
 - implementation plans (education, outreach, enrollment and disenrollment systems)
 - policies and procedures, including exemption and exclusion processing, complaints/grievances

- enrollment packet
- MCO information available at offices where enrollments occur
- Telephone Systems
 - line availability
 - number of telephone lines
 - number of personnel trained for this function
 - accessibility for non-English speaking and hearing-impaired beneficiaries
- Data Systems
 - enrollment processing
 - data exchange capacity (with State, with MCOs)
 - data validation procedures
 - management reports

When the LDSS elects to use the third-party Enrollment and Benefits Counseling Firm under contract to the State (Maximus), the Review Team reviews all LDSS functions that have been delegated to this contractor according to the same standards. In addition, the State reviews data and information exchange activities between the LDSS and the Enrollment and Benefits Counselor.

MCO Capacity/Readiness

The State reviews documentation related to MCO readiness and network adequacy. Specifically, the State reviews and assembles documentation of the following:

Number and types of participating MCOs (PHSPs, State-certified HMOs, Federally Qualified HMOs)

- Date of MCO readiness review and findings
- Corrective Action Plans, if any
- Date of contract execution
- Date of approval:
 - member handbook
 - notification letters
 - marketing plan and materials
- MCO-FQHC contracts
- Total participating PCPs
- Percentage of network open to Partnership Plan enrollees

Readiness Review Teams

State staff from the New York Department of Health conduct the local district readiness reviews. Each team includes two to four persons. Teams will be comprised of State staff with experience in various areas, including each of the following:

Operational and staff management

Eligibility and enrollment procedures
Systems/data exchange activities
Complaint, grievance, and appeal procedures

Readiness Review Process

Readiness reviews are conducted at least thirty days prior to each county's scheduled start date. Enrollment does not begin in any county until the readiness review process is complete' and the State determines that the county is ready to begin enrollment.

In the event that serious deficiencies are discovered, the LDSS is required to submit a corrective action plan that details tasks and timeframes for meeting State and federal standards. If necessary, follow-up site visits are conducted in counties that are found to be seriously deficient.

28. FHPlus COUNTY READINESS REVIEW PROCESS

Since managed care has been established as a service delivery system throughout the state, most counties had existing operational capacity to implement FHPlus without the need for an individual readiness review for FHPlus. Counties that have not implemented Medicaid managed care were provided technical assistance from the SDOH, as needed.

The SDOH prepared LDSSs for FHPlus implementation through the provision of information in a variety of forms (letters, transmittals, meetings, presentations, etc.). LDSSs were provided with copies of materials developed for FHPlus implementation (e.g.: the Waiver Application, Recruitment Notices, and the FHPlus Model Contract) and were represented in all FHPlus workgroups during the design phase.

Statewide training initiatives educate both LDSSs and Enrollment Facilitators about FHPlus program features, the Access New York Health Care application and notices, and the role of facilitated enrollment in FHPlus/Medicaid and CHPlus. Prior to the initiation of application and enrollment activities, a teleconference with LDSSs further explained operational and systems changes associated with the new program. This type of support is maintained and targeted; training/technical assistance is provided as needed.