

C.16 Enrollee Eligibility, Enrollment and Disenrollment

REQUIREMENT: RFP Section 60.7.C.16

16. Enrollee Eligibility, Enrollment and Disenrollment (Section 26 Enrollee Eligibility, Enrollment and Disenrollment)
- Describe the approach to meeting the Department's expectation and requirements outlined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."
 - Detail any limitations and/or issues with meeting the Department's expectations or requirements and the Vendor's proposed approach to address such limitations and/or issues.

Molina's experience processing Medicaid enrollment files and proven systems will ensure prompt and accurate processing of Kentucky Medicaid program HIPAA 834 transaction files.

We understand the Department's need for prompt, accurate, and secure processing of HIPAA-compliant enrollment data on a daily and monthly basis. Molina's affiliate health plans have been successfully receiving and processing Medicaid member eligibility, enrollment, and disenrollment files for more than 25 years. *We have built reliable and secure interfaces with our Medicaid program partners across the nation to ensure there is no interruption or disruption in a member's ability to access healthcare services.*

Molina will process daily and monthly Kentucky Medicaid HIPAA 834 transaction files in a timely and accurate manner. In 2019, from the time of receipt, Molina's 14 affiliate Medicaid health plans had an *average processing time for 834 daily files and 834 monthly files of 5.53 hours and 14.18 hours, respectively.*

a. APPROACH TO MEETING DEPARTMENT EXPECTATIONS/REQUIREMENTS

Supported by a dedicated enrollment team, we will carefully plan for and test interfaces to support timely and accurate transmission of incoming and outgoing Enrollee eligibility, enrollment, and disenrollment data. To meet expectations, we will work closely with the Department during implementation to test interfaces, validate data exchange, and establish processes to promptly inform the Department of conflicting Enrollee demographic and eligibility data.

We will accept, process, and load HIPAA enrollment files daily and monthly through our Enrollee subsystem, Molina Eligibility Gateway. We will use Secure File Transfer Protocol (SFTP) to securely transfer files. *We will employ strict processes to ensure timely and accurate processing of enrollment data for the Kentucky Medicaid program, such as running automated batch job processing every hour to check for posted files.*

Drawing upon our experience and our proven processes and systems, we expect to process daily 834 transaction files within seven hours of receipt. Exhibit C.16-1 includes a proposed timeline depicting our activities for daily files. Since our research indicates the Commonwealth typically transmits the file by 3:00 am Eastern Time, we will assume a start time of 4:00 am to begin our activities.



In 2019, Molina's affiliated Medicaid health plans had an average processing time of:

5.53 hours for 834 daily files and 14.18 hours for 834 monthly files.

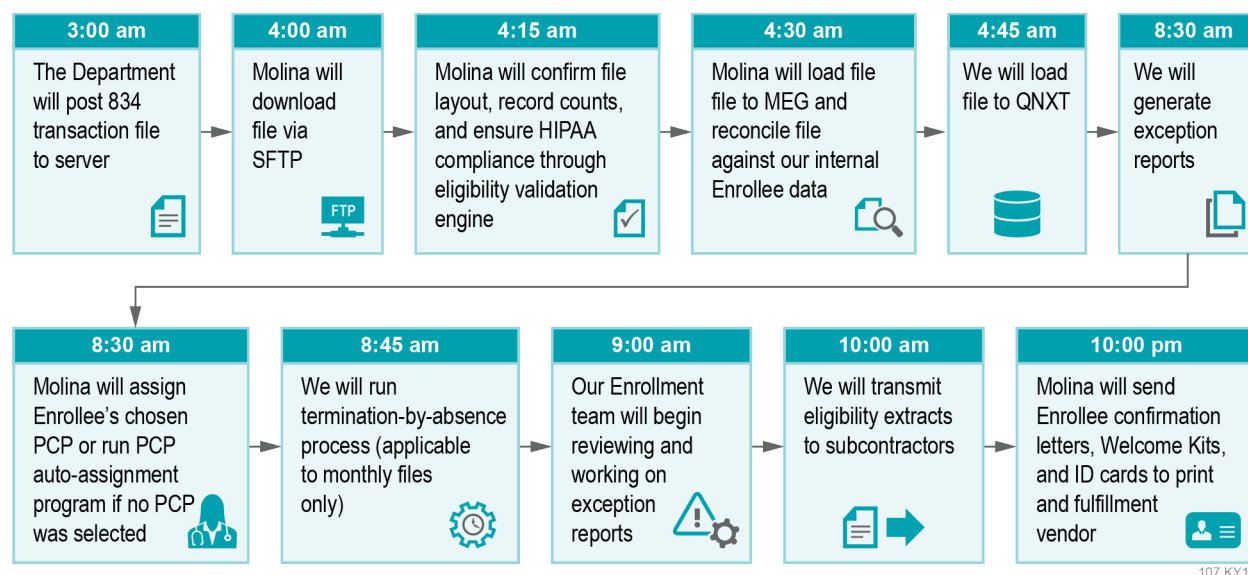


Exhibit C.16-1. Molina's Tightly Managed Process Will Ensure Timely Processing

We have thoroughly reviewed the requirements contained in Attachment C, Draft Medicaid Managed Care Contract and Appendices, Section 26.0, Enrollee Eligibility, Enrollment and Disenrollment, and we are confident in our ability to meet them. Table C.16-2 summarizes how Molina will meet and comply with these requirements.

Table C.16-2. Addressing Contract Requirements

Contract Requirement	How Molina Will Meet and Comply with the Requirement
26.1 Eligibility Determination	We will accept the Department's determination of an individual's eligibility and enrollment at Molina.
26.2 Assignments of New Enrollees	Molina understands and will comply with the Department's assignment of new Enrollees. Molina shares the Department's goal to keep family members together and preserve historical primary care provider (PCP) relationships. We will assign new Enrollees to their selected PCP as long as the provider is appropriate to serve the Enrollee (for example, we will not assign an internist to be a PCP for a child) and is available within Molina's network of contracted PCPs. Should we need to engage our PCP auto-assignment process, we will assign the new Enrollee to their historical PCP. We will assign new Enrollees to their historical PCP even if the PCP's panel is closed to honor their previous preference and ensure continuity of care. If there is no historical PCP information, we will use information from the inbound 834 transaction file to identify the head of household and other family members to keep new Enrollees with the same PCP as their family members.
26.3 General Enrollment Provisions	Molina will comply with enrollment provisions and will accept all new Enrollees and will not discriminate against potential Enrollees on the basis of their health status, need for health services, race, color, religion, sex, sexual orientation, gender identity, disability, or national origin.
26.4 Enrollment Procedures	We will send new Enrollees a confirmation letter and Enrollee ID card according to Draft Contract requirements. Enrollees also will be able to request a new Enrollee ID card by calling our Call Center; using our HIPAA-compliant interactive voice response system; and online through our Enrollee Web portal (MyMolina.com) or mobile app. Molina will allow Enrollees to change PCPs at any time (provided they are not in a lock-in program), and we will not limit the number of times an Enrollee changes PCPs. Enrollees will be able to change their PCP by calling our Call Center or online through our Enrollee Web portal or mobile app.
26.5 Enrollment Levels	Molina will accept all Enrollees, regardless of overall plan enrollment.

Contract Requirement	How Molina Will Meet and Comply with the Requirement
26.6 Enrollment Period	Molina understands and will comply with the enrollment period requirements.
26.7 Enrollee Eligibility File (HIPAA 834)	<p>Molina will download HIPAA 834 transaction files via SFTP from the Department. Our eligibility validation engine will process the file through initial validation procedures to confirm file layout, record counts, and HIPAA compliance. Once validated, we will immediately load the file and complete processing to ensure Enrollees have prompt access to care. We will reconcile the file against internal Enrollee information and, if a difference is found, we will update the Enrollee record appropriately to match the Department's information.</p> <p>Molina will promptly act upon "urgent enrollment" cases we receive from the Department and process these cases outside of our automated 834 file processing. We will manually process all urgent requests within Department-specified time frames to ensure Enrollees can access services the same day.</p> <p>We will promptly notify the Department of Enrollees we believe were not included on the 834 file and should be enrolled with Molina. Our termination-by-absence process will look at all Enrollees available on the 834 Monthly Full File and compare them to the full active membership within our business processing system, QNXT. If an Enrollee is active in QNXT but not available on the 834 Monthly Full File, they will be eligible for termination-by-absence processing, which will effectively terminate the Enrollee's eligibility with Molina on the last day of the current month. We will transmit this information to the Department as required.</p> <p>When we become aware of a change in an Enrollee's demographic information, in addition to making updates to Molina systems, the Molina staff person will explain to the Enrollee the process for notifying the appropriate entity. We will help facilitate the change, as appropriate. For example, if a customer service representative is on the phone with an Enrollee and the Enrollee indicates their address has changed, we will offer to warm transfer the Enrollee to the appropriate Department for Community Based Services (DCBS) office.</p>
26.8 Persons Eligible for Enrollment and Retroactivity	Molina understands and will comply with the eligibility and retroactivity requirements. We will load Enrollee eligibility with effective dates transmitted in the HIPAA 834 transaction file.
26.9 Newborn Infants	Molina understands and will comply with newborn infant enrollment procedures. During our outreach to pregnant Enrollees, our High-Risk OB team will educate pregnant Enrollees on the importance of and process to notify their DCBS case worker when their baby is born.
26.10 Dual Eligibles	We will identify Enrollees who are dually eligible within the MMIS. Enrollees who are dually eligible will be indicated via their electronic file record on the 834 eligibility file. They will have the appropriate Medicare indicator within their file record and will be identified and categorized appropriately at the time of their enrollment. If at any point an Enrollee gains Medicare eligibility and their flag is updated, Molina will be able to identify the newly added indicator and reassign/recategorize the Enrollee appropriately.
26.11 Persons Ineligible for Enrollment	Molina understands and will comply with the requirements for ineligibility.
26.12 Reenrollment	Molina understands and will comply with Enrollee requests for disenrollment. Moreover, we also understand how important it is for Enrollees to renew their Medicaid eligibility, so they continue to have access to care and services. Molina will employ various methods of outreach and education to support Enrollees in renewing their Kentucky Medicaid eligibility with DCBS. This will include providing information online on the renewal process; calling Enrollees 30–90 days before their eligibility ends to remind them to recertify; integrating renewal reminders into our inbound Call Center calls and care management process; providing Enrollees reminders through additional channels (e.g., mail, emails, text messages); and supporting Enrollees in filling out paperwork (upon support of the Commonwealth).

Contract Requirement	How Molina Will Meet and Comply with the Requirement
26.13 Enrollee Request for Disenrollment	We understand and will comply with Enrollee requests for disenrollment. If Molina receives a request from an Enrollee to disenroll, we will work with them to resolve any Molina-related issues that can potentially be addressed to the Enrollee's satisfaction. We will train all our staff and providers on the grievances and appeals process and how to help Enrollees exercise their right in support of Molina's "no wrong door" approach. If we are unable to resolve the issue, we will provide the Enrollee with instructions and assist them, as appropriate, with the disenrollment process.
26.14 Contractor Request for Disenrollment	Molina understands and will comply with the requirements for Contractor request for disenrollment of an Enrollee.
26.15 Effective Date of Disenrollment	Molina understands and will comply with the requirements for the effective date of disenrollment.
26.16 Continuity of Care upon Disenrollment	<p>Molina will take all reasonable actions to ensure an Enrollee's continuity of care is preserved should they disenroll from Molina. This includes:</p> <ul style="list-style-type: none"> • Assisting in the selection of a PCP. Molina will explain the continuity of care process to Enrollees. If they have selected a new MCO, we will transfer their call to their new MCO so they can select a PCP. • Cooperating with the New PCP in transitioning the Enrollee's care. Molina will work with the Enrollee and their new PCP to ensure interruptions do not occur, tailoring the transition approach to meet Enrollee needs. Our affiliate plans' extensive experience in maintaining continuity of care for our members during a transition enables us to provide a seamless experience without disruption to care. Our goal for Enrollee transition of care will be to implement a real-time exchange of clinical data patient summaries, including medications, allergies, diagnoses, and procedures to provide continuity of care. • Making the Enrollee's medical record available to the new PCP. We will send care management information, including authorization files for Molina Enrollees that disenroll from Molina. <p>We have reviewed the Draft Contract and will meet the requirements contained in Appendix I., Transition/Coordination of Care Plans.</p>
26.17 Death Notification	Molina will notify the Department or appropriate Social Security Administration office within five business days of receiving notice of the death of an Enrollee using appropriate and approved communication methods.
26.18 Enrollee Address Verification	<p>We will diligently work to contact Enrollees and obtain valid addresses.</p> <p>Our print and fulfillment vendor will confirm Enrollee addresses by matching them against the Coding Accuracy Support System. Our Enrollment team will report addresses that cannot be validated to our Call Center, which will attempt to contact the Enrollee to confirm their address.</p> <p>We will implement our innovative MOSAIC internal data analytics tool to help us obtain valid Enrollee contact information. The tool will aggregate contact information from multiple data sources and systems and present it in a single view along with other Enrollee demographics. The system will also display secondary contact information, such as a pharmacy or PCP the Enrollee recently visited. This will enable our staff (with valid security credentials) to search for an Enrollee and display all available contact information to validate addresses.</p>

NEW ENROLLEE PROCESS



Our end-to-end enrollment process is detailed in Exhibits C.16-3 and C.16-4 at the end of this response.

Our enrollment process for Kentucky Medicaid Enrollees will begin upon receipt of daily or monthly HIPAA 834 transaction files from the Department. Our eligibility validation engine will process the file through initial validation procedures that confirm file layout, record counts, and HIPAA compliance. Once validated, we will process the information and store it in QNXT, our core integrated healthcare information management system. The file will be reconciled against internal Enrollee information and, if a difference is found, the Enrollee record will be updated appropriately to match the Department's information. Once the record is updated, a new Molina Kentucky Medicaid Enrollee ID card will be issued to the Enrollee if any critical information has changed that affects the card, such as Enrollee name, or PCP. **Enrollees will also be able to view, print, and order new ID cards from Molina's Enrollee Web portal (desktop or mobile version) as well as our Enrollee mobile app.**

We will have a secure Enrollee Web portal for Enrollees to access plan benefits and update their contact information. Upon registration, Enrollees and their authorized representatives will be able to access the secure, HIPAA-compliant Enrollee Web Portal 24/7 for personalized health information and reminders, self-service features, and educational resources. The intuitive design and functionality will help Enrollees easily navigate the Web portal and find the information or resources they need in a timely manner. The Enrollee Web Portal will be the Web channel into our QNXT information management system. Exhibit C.16-2 includes a screenshot of the home page of our member Web portal currently used in affiliate health plans.

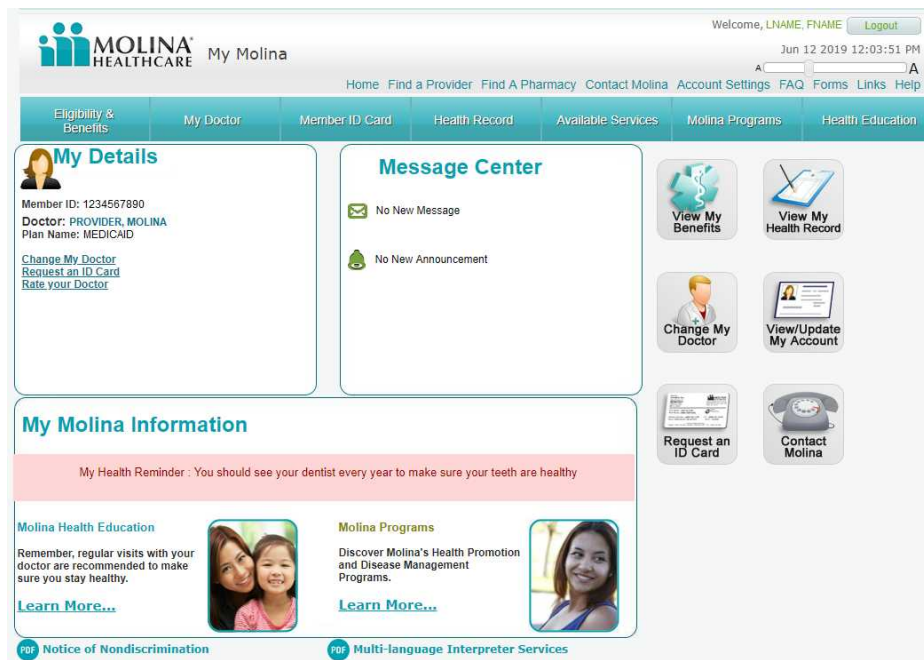
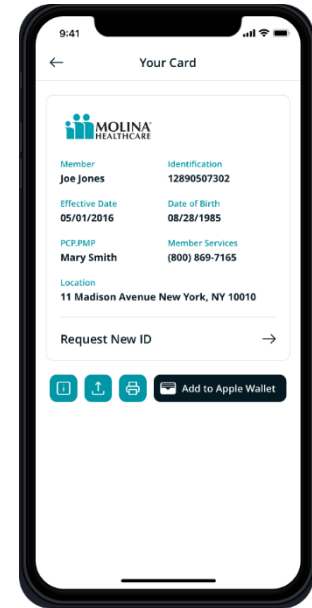


Exhibit C.16-2. Member Web Portal Home Page

If an exception occurs, the record will fall out of the load for manual review by an Enrollment team member. The staff member will manually update the record if possible. We will immediately report any anomaly that cannot be updated in our system to the Department. Upon confirmation of the issue, we will update the Enrollee record appropriately according to the Department's response. ***We consistently process more than 99% of all enrollment transactions through our automated process for our current state Medicaid clients.***



> 99%

of all enrollment transactions in our current Medicaid states use our automated process.

Resolving Discrepancies and Errors in Enrollment Files

We will use our established eligibility data management methodology to resolve discrepancies between Enrollee eligibility files and internal Enrollee records. Our automated eligibility/enrollment data processing will drive downstream processes, including PCP auto assignment (when applicable), ID card generation, Enrollee confirmation letter, and Welcome Kit generation through system jobs that will download HIPAA-compliant 834 and/or proprietary eligibility data file(s) into QNXT. The following process will ensure enrollment data loads accurately into our administration systems:

- **Enrollment record on eligibility file but not in our systems.** This report will compare monthly full / audit eligibility file information against our system. Discrepancies will be produced for review by our Enrollment team, and updates will be manually entered to ensure accurate coverage.
- **Enrollment record in our systems but not on eligibility file.** This report will compare eligibility to enrollment files. If our system houses coverage not found on the full/audit file, we will validate coverage for the Enrollee and send discrepancies to the Department as required.
- **Other comparison reports.** These reports will compare daily eligibility files against full/audit files to identify discrepancies.

We will access Department systems to investigate eligibility and enrollment information as needed. The enrollment process will continue once discrepancies are identified and corrected in QNXT. We will resolve and report discrepancies in accordance with Department requirements.

Resolving Discrepancies in Enrollee Addresses

Upon receipt of the enrollment file from the Commonwealth, we will engage our newly enrolled Enrollees using a wide range of communication methods and data analytics to verify and correct Enrollee contact information, including Enrollee phone numbers and addresses. We will make Welcome Calls to all Enrollees new to Molina within 30 days of receiving notification of enrollment. During the call, we will verify demographic information. We will make at least three attempts to reach the new Enrollee. ***Our Molina Community Health Workers will also troubleshoot Enrollee addresses, including for Enrollees who are homeless, using their knowledge of Kentucky communities and neighborhoods.*** Molina Community Health Workers will help our Enrollees navigate the healthcare system and improve health literacy. They will establish relationships with local homeless shelters, churches, adult day programs, and food banks and work with them to assist our Enrollees with housing, food, clothing, heating, medication refills, scheduling appointments and transportation needs, financial assistance, and maintaining Medicaid eligibility.

Our ***Enrollee Locator Teams*** will also support locating Enrollees and confirming accurate addresses. The team will reach out to shelters, the Salvation Army, community mental health centers, and other community-based organizations. Team members will call every phone number found whether it is linked to a family member, emergency contact, friend, shelter, or other. ***We will also implement our innovative data analytics tool, MOSAIC, in Kentucky as another way to locate Enrollees.*** The tool will aggregate contact information from multiple data sources and systems and present it in a single view along with other Enrollee demographics. Molina staff, with appropriate credentials, will be able to view secondary Enrollee contact information from other sources, such as pharmacies, PCP visits, or subcontractor data.

b. LIMITATIONS AND/OR ISSUES WITH MEETING DEPARTMENT EXPECTATIONS

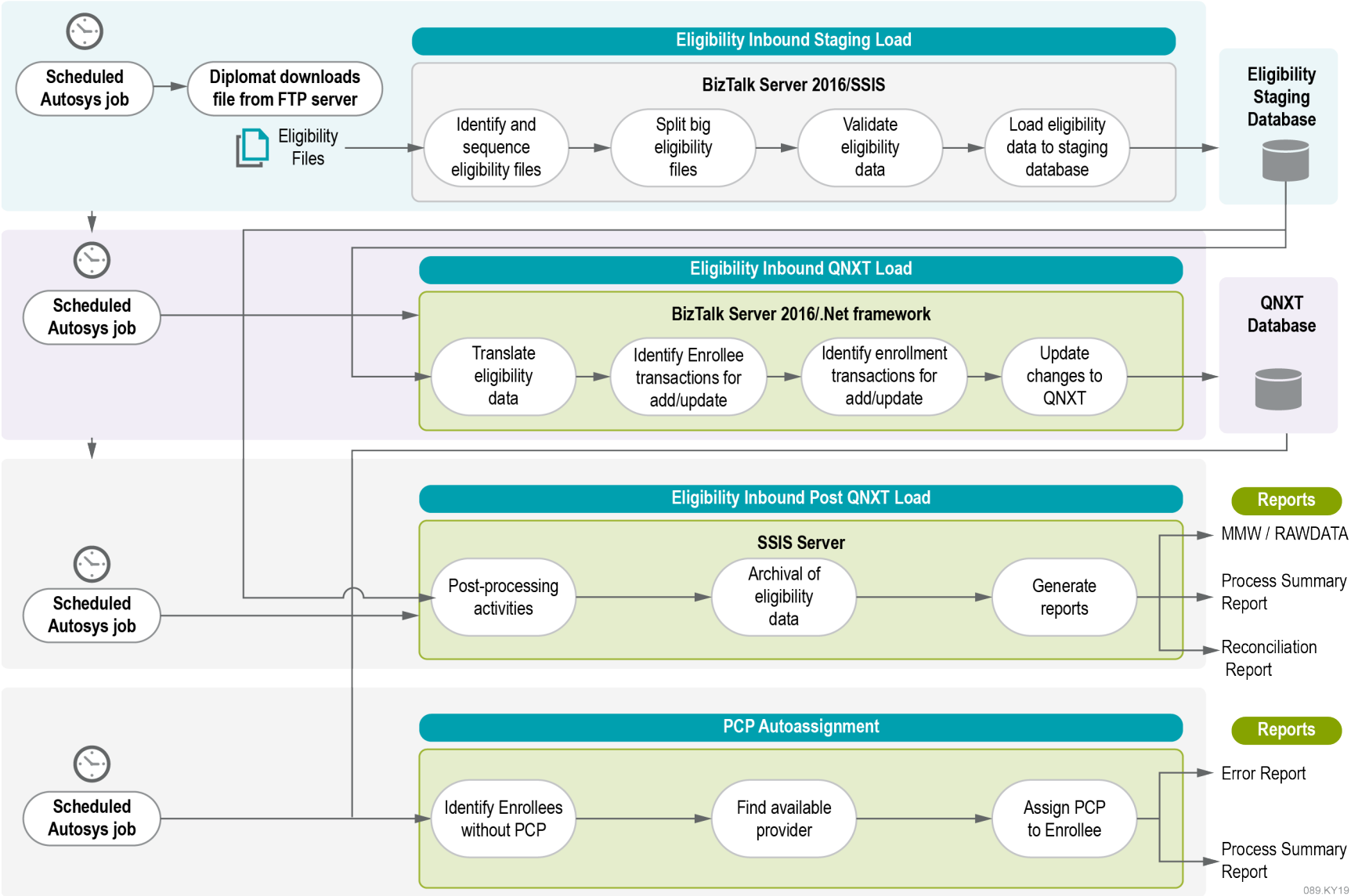
Molina has no limitations or issues with meeting the Department's expectations or requirements for Enrollee eligibility, enrollment, and disenrollment.

Based on our review of the Kentucky 834 Companion Guide, we have identified certain key data elements currently transmitted by the Department that are different from applicable enrollment data sets our affiliate health plans receive from their respective Medicaid agency partners. We will therefore build new business requirement rules and have new system development completed to meet Department expectations. On that premise, we are confident in our ability to complete all required work well within all Department-mandated timeframes and deadlines for readiness review and program go-live.

Key new system development Molina will tailor to Kentucky Medicaid program requirements will include:

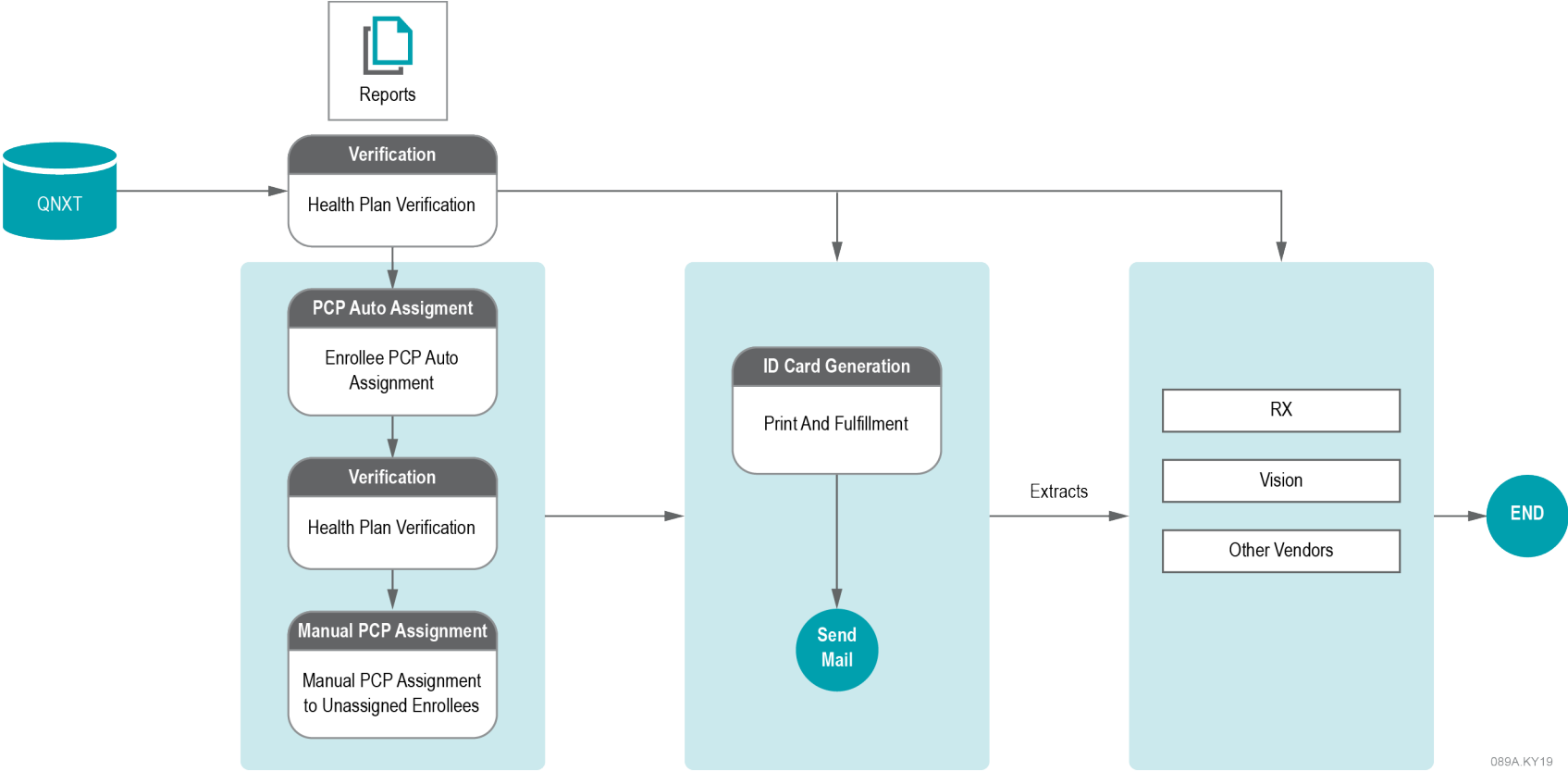
- **History Segments for different coverage types** which contain additional information related to Enrollees' programs and statuses. We will account for this element during electronic eligibility processing. In instances of a change in an Enrollee's benefit program or plan, our enrollment process will create a new enrollment segment. The previous enrollment segment will be retained, and all historical changes maintained in audit tables. Moreover, all historical EDI 834 files and data will be maintained per our established data retention policies
- **Coordination of the coverage types** to ensure all possible aspects of an Enrollee's enrollment is factored in (i.e., Copay Indicator, Department of Juvenile Justice Status, Program & Program Status Codes, etc.). We will confirm that an Enrollee is enrolled/categorized appropriately. Some customization to our enrollment process may be required to accommodate coverage types.

Molina has the proven experience and robust support from subject matter experts, program managers, business analysts, IT developers, and IT quality assurance team to complete any required new system development that will ensure seamless implementation in time for Kentucky Medicaid program readiness review and program go-live. We will also work closely with the Department during implementation to test new requirements that will be put into place, validate data exchanges, and establish processes to meet all Department expectations.



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Exhibit C.16-3. Enrollment Process—Part 1



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Exhibit C.16-4. Enrollment Process—Part 2

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