

MCE Gainwell Monthly Technical Meeting

Meeting Details

Meeting Name: MCE Gainwell Monthly Technical Meeting

Leader/Facilitator: Dennis Dowling, FSSA; Rebecca Siewert, Gainwell

Location, Date and Time: Monday, May 17th, 2021; 2:00 PM; webex

Scribe: Craig Nielsen

Attendees

Anthem		State		Gainwell	
Gretchen Atkins	X	Meredith Edwards	X	Rebecca Young	
Jean Caster	X	Nonis Spinner	X	Rebecca Siewert	X
Tracy Silvers	X	Angela Todd		Bill Anderson	X
Jason Adams	X	Ralph Jones	X	Sharon Ricketts	
Tuan Nguyen	X	Dennis Dowling	X	Wanda Williams	
LaDawna Richmond	X	Stephanie Guetig	X	Stephanie Cari	X
Cynthia Bell	X	Keena Baumer	X	Karen Grays	X
Trang Cooley		Scott Runner		Maksat Abamov	X
Tracey Welch		Craig Nielsen	X	Denise Brown	X
Ferdinand Cajigal		Mark Wiley		Xenia Hastings	
Ron Stoughton	X	Daneida Dooley	X	Jerry Heady	X
Stephen Egan		Natalie Angel		Rubi Multani	X
Amy Tate		Tamra Mitchell	X	Beth Linginfelter	X
Maura Wenglarz	X	Maria Schelli-Merrifield	X	Ginger Brophy	X
Cindy Riley		Shawna Frazier		Joyce Lee	X
MHS		Kathleen Leonard		Indea McCombs	
Geoff Petrie		Susan Beecher	X	Tisha Arberry	
Brett Norris	X	Ryan Callahan		Angela Tynes	X
Taylor Fulner		Megan Anderson		Melinda Kent	X
Kumar Aggala	X	Colin Woods		Patty Shlyakhov	
Stoshala Payne	X	Shannon Effler		KC Sushant	X
Anastasia Spurgetis		Paul Fruits	X	Nastassja Daniel	
Chelsea Trotter		CareSource		Kaushal Silwal	
Monica Johnson	X	Trish Kappes	X	Greg Hershberger	X
William Wilson	X	Samantha Walton	X	Optum	
Melissa Steever		Lindsay McGuire		Harini Kasamsetty	X
MDwise		Jeff Severino	X	Harsha Jasti	X
Jason Thacker		Kristina Vanbelkum	X	Maximus	
Michelle Okeson		Lindsay Young	X	NaKeita Boyd	
Raeann Brown	X	David Rose		Jennifer Haas	
Brian Arrowood	X	Akbar Shareef		HMA	
Marcia Shively		Gary Ziegler		Kaitlyn Feiock	
Bonnie Kegin		Resalot Taus		UHC	
Jim Matthews		Chelsi Hall		Kavitha Thomas	X
				Elizabeth Adams	

Agenda Items

Item	Topic	Facilitator	Notes (conclusions, discussions, decisions, and next steps)
1	Open Meeting	Dennis	<p>Review past action items and update statuses</p> <p>November Meeting:</p> <ul style="list-style-type: none"> Gretchen: Seeking feedback from State on what trends we expect moving forward (for instance, trending down with unemployment? Etc.) Natalie: No official estimates, but we don't have a lot of new Medicaid applications Meredith: Further growth not anticipated, working toward projection of any membership changes in other direction <p>December Meeting:</p> <ul style="list-style-type: none"> No further questions <p>January Meeting:</p> <ul style="list-style-type: none"> Dennis: Continue through PHE, which is likely to extend through 2021 Jeff: Is there a new category for HIP? Nonis: No, it's an existing one. Gretchen: Is cost share distinct from PHE? Nonis: Now intertwined. <p>February Meeting:</p> <ul style="list-style-type: none"> Nonis: Provided update on evolving PHE landscape and guidance. <p>March Meeting:</p> <ul style="list-style-type: none"> Keena: No update <p>April Meeting:</p> <ul style="list-style-type: none"> Meredith: Official extension, but can only do every 90 days, but informally expect to be extended through end of 2021.
2	General update on Public Health Emergency – Open enrollment status update / trending / projections (after COVID)	Jason Adams	<p>MCEs to provide OMPP with a list of processes each will need to test before resuming normal operations post PHE. Include timelines for testing, test files needed, and other system engagement.</p> <p>May Meeting</p> <ul style="list-style-type: none"> Meredith: Brainstorm what MCEs need Gretchen: Ensure Payment files are moving, HIP files in general (Particularly potential plus), Members 66+, etc. Kavitha: Whole Cost Share Bill: Agree with Anthem, also how Medically Frail moves back in
3	Post-PHE Operations MCE Test Plans	Angela Todd (Meredith Edwards, Kaitlyn Feiock)	<p>CareSource is interested how/if the state meeting the CMS Interoperability requirements for the fee for service population. Is there public information available on a web site we can review?</p> <p>January Meeting:</p> <ul style="list-style-type: none"> Craig: We have analyzed, but no decision, we have also received the next wave rule and are analyzing it as well. <p>February Meeting:</p> <ul style="list-style-type: none"> Craig: No update on state decision; next wave rule suspended before being published in Federal Register <p>March Meeting:</p>
4	CMS Interoperability	Jeff Severino	

			<ul style="list-style-type: none"> • Craig: No update and no decision, thus not on trajectory for 7/1/21; May ask MCEs for their details if and when CMS requests <p>April Meeting:</p> <ul style="list-style-type: none"> • Craig: Will not make July 1, 2021 • Jeff: Caresource: Yes, were close to ready on 4/1, some pieces released, more to come. <p>May Meeting: No Update</p>
5	59372 - Encounters for FQHC and RHC's	Jason Adams	<p>February Meeting:</p> <ul style="list-style-type: none"> • Jason: Implementation date/timeframe/project plan <p>March Meeting:</p> <ul style="list-style-type: none"> • Greg: Work will be complete end of month, request currently being evaluated to delay effectiveness to July • Question: What are the three CRs, and is Dental a 7/1 implementation? • Greg: Main CR is 59372, another is for an enhancement, and a third is for dental. Dental is not a 7/1 implementation date, but with delay to effectiveness of other, may pull into July by doubtful. <p>April Meeting:</p> <ul style="list-style-type: none"> • Greg: Small enhancements being approved by state and decided when that will go live; tentatively scheduled for July (Medical); change control for that may not go live with it; August for Dental <p>May Meeting:</p> <ul style="list-style-type: none"> • Dennis: Still scheduled for July
6	HCC Medworks Project update	Jason Adams	<p>February Meeting:</p> <ul style="list-style-type: none"> • Jason: requirements and workgroups? • Ginger: Updates sent 2/12/21 <p>March Meeting:</p> <ul style="list-style-type: none"> • Ginger: Appreciated update, moving forward <p>April Meeting:</p> <ul style="list-style-type: none"> • Ginger: Moving forward • LaDawna: Will need to know when • Ginger: Expect testing in August timeframe <p>May Meeting: Request updates on test-plans and timelines for December, 2021 go-live:</p> <ul style="list-style-type: none"> • Jason: Current timeline (mentioned may be earlier) and test files related to that • Meredith: Connected to PHE timing; working on test plans • Ginger: Working on figuring it out, no timeline quote yet
7	Project Distribution Lists (Emails) from MCEs	Dennis Dowling	<p>To allow the State to use to communicate project work information</p> <p>April Meeting:</p> <ul style="list-style-type: none"> • Ginger: Would use for 834 delivery report • Kavitha: Which team? • Meredith: For technical (project) team; I already have operations • Greg: We could use one for system (outage) issues, and one for projects. <p>May Meeting:</p> <ul style="list-style-type: none"> • Dennis: Received from UHC
8	Receiving a Term on the 834 when a member has been voided	Michelle Okeson	<p>We sent examples to Gainwell and were told this is a known issue. The 834 process is not picking up retro changes when they go back into last year. This causes Core to show the member's MCE assignment to be</p>

voided however the MCE shows the member as active for the time period.

April Meeting:

- Beth: The 834 challenge I was involved with were for HIP authorizations are both retro-effective and retro-ended, so sometimes 834s don't generate.
- Jerry: Will have to do same process for MHS as Anthem
- Michelle: We are getting an 834 on this, but the member has been voided
- Jerry: We can identify those members and get them to you; will get with Xenia
- Joyce: Are you not using term audit files? Send examples to me.
- Michelle: Just getting term transaction rather than a void.

May Meeting:

- Joyce: 834 audit files were not designed to generate a void in the term file, MCEs should have received a void in their daily.
 - Jerry: Awaiting direction from PMO, only get in daily if they term entire segment.
 - Joyce: If termed in January and the term was voided, we wouldn't generate it, need to revisit, maybe change 834 term audit program to pick those up.
 - Jerry: If member had assignment for whole year and got term for final six months, that would go out; later on first six months was voided, but nothing goes out and causes issues for plans; Service NOW Request # REQ0018345
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We would appreciate more information on the proposed change away from frail capitation rates. How will this be addressed through the 834s? Is testing planned? What is the timeline?

April Meeting:

- Meredith: We are working on creating new capitation category codes; potential June go live.

May Meeting:

- Meredith: For HIP – We'll have expansion which will cover plus and basic and state plan only (frail); continuing to meet; hoping to provide to MCEs shortly; you'll see headings have changed in new contracts; discussing if they'll load at Gainwell prior to CMS approval.
 - Joyce: New descriptions which will go out on companion guide.
 - Bill: Both 834 and 820?
 - Joyce: Yes, June go-live at discretion of Meredith and team.
 - LaDawna: What is timeframe for companion guides?
 - Max: Already submitted to EDI team for review
 - Joyce: Drafts within next couple of weeks
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9 Frail Capitation Rates Michelle Okeson

Keena Baumer helps us to fix these members manually

April meeting:

- Keena: When they don't move over timely, I send to DFR to work and double check two weeks later, sometimes takes them awhile.

May meeting:

- Keena: Have list from MHS and have moved members to proper category; was sent list from MDwise and about to send those to DFR; working as MCEs send them
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10 Pregnant members taking longer time to move to MAMA category Manju Nair

11	Pregnancy Supplemental File Response – ‘E03 - PREGNANCY END DATE IS NOT PROVIDED’	Manju Nair	I believe we are getting this error when we report the second pregnancy while the first MAMA never ended due to the PHE situation. (Submitted this item to Gainwell) (See above)
12	Pregnancy Supplemental File Response – E04 - PREGNANCY DUE DATE MISMATCH BETWEEN IEDSS AND CORE MMIS	Manju Nair	Not sure why we are getting this error. (Submitted this item to Gainwell) (See above)
13	HCC: <ul style="list-style-type: none"> Plan transfer In (add record from other MCEs) coming with 021/28 instead 021/NULL as it says in the CG. Plan transfer In from UHC missing PLAN2PLAN UHC in 2300 HD04 	Manju Nair	HOOSIER CARE CONNECT FROM/TO MCE (Page 25) This code indicates the plan the member is transferring from when maintenance type and reason is 021/Null. <ul style="list-style-type: none"> Ginger: Nothing to add, example given was reason code 28. Manju: The issue is plan transfer in coming with 021/28, but should be 021/NULL Joyce: I’ll look at them if you send to me; Haven’t done anything with 834 for HCC, will be interesting as to why coming over /28 instead of /NULL Beth: Meeting internally at Gainwell on this tomorrow; wondering if start/stop reasons from EB files are influencing 834 programs; will include Joyce in conversation. May Meeting: <ul style="list-style-type: none"> Karen: Gainwell ran query that only identified the 3 member examples from MHS, we think multiple 834 transactions performed on the same date and it was handled oddly in the system, 834 companion guide needs to be updated, will be included in aforementioned draft.
14	Old Encounters on 835	Rebecca Siewart / Jason Adams	April Meeting: <ul style="list-style-type: none"> Rebecca S. Some old encounter claims will be displaying on 835s Rebecca Y: Part of old error report work; made updates; now ~1677 encounters that will be going through system and out on 835; Impact MHS, MDwise, & Anthem. May Meeting: Request for how many belong to Anthem and which week’s 835. <ul style="list-style-type: none"> Rebecca: Believe information is going to go out to plans this week
15	T-MSIS Data Quality Issue	Harsha Jasti	We have a data quality issue with TMSIS that seems to be related to “too many” ancillary revenue codes on inpatient claims. FFS reimbursement methodology primarily reimburses inpatient claims based on DRG, we are seeking confirmation from the MCE’s that they submit inpatient encounters to Indiana Medicaid with a reimbursement methodology based on DRG as well. Or, are they in fact based on revenue codes submitted? We would like to know if MCOs have a reimbursement methodology similar to Indiana’s Fee For Service inpatient claims which is a DRG based reimbursement methodology (screen shot and link below). Do all MCE’s submit inpatient encounters by the same reimbursement arrangement? The link to the inpatient hospital services module: https://www.in.gov/medicaid/files/inpatient%20hospital%20services.pdf May Meeting: <ul style="list-style-type: none"> Ralph: Seeing some odd things in T-MSIS data, MCEs can respond via email if preferred to confirm if they’re doing

reimbursement for inpatient claims via DRG; also would like to know if reimbursement methodology is similar to FFS claims.

- Stephanie: Trying to correctly respond to CMS that reimbursement is via DRG and not revenue code.

NOTE: The State will be working remotely starting 3/17/2020 following Gov. Holcomb's directive in efforts to slow down the spread of COVID 19. All meetings and business operations will be continued as scheduled.

Action Items

Item	Assigned To:	Due Date	Description	Status
1.	MCEs	5/17/21	Send distribution lists (potentially one for technical operations and one for projects) * Sent by UHC 5/10/21	Open
2.	Michelle	5/17/21	Send examples of "Receiving a Term on the 834 when a member has been voided" to Joyce	Closed
3.	Beth	4/20/21	Include Joyce in meeting on HCC - Plan transfer In issues	Closed
4.				

COVID-19

At OMPP's request, all completed or underway Covid projects were evaluated to determine the lead time needed in order to back out the changes, as well as high level budgetary values. This has been provided to OMPP.

MMIS COVID19 - Premium Vendor - Halt Premium Payment

Description	This project prevents accounts closing for members who are unable to make their premium payment during COVID19. This will complete at the direction of the State.
Progress	Continue to apply payments daily for incoming conditional members for CHIP and MED Works. Credits will be given for June monthly vouchers after the Adverse Action day (05/17).
Issues	No open issues.

MMIS COVID19 - Eligibility Re-Opens/CoPay/CostShare

Description	This project is to identify and extend Medicaid Eligibility as requested by the State.
Issues	No open issues.

There are Provider Enrollment and other Covid rollback projects that are ready to initiate, pending the end of related Covid emergency measures

EVV (Electronic Visit Validation)

Project remains in production as of March 31, 2019, configured for Post and Pay. As of the program go live, Jan 1, 2021, OMPP can now audit and recoup paid dollars. Post Implementation Review has identified two defects within the Claims and EVV Visit data match process. Gainwell and Sandata are working together to implement the corrections.

EVV Communication and Training Additional Tasks

Description	This project covers additional communication and training tasks not identified in the CR 61784 scope. This is needed due to low vendor adoption of EVV. Gainwell is mailing out welcome kits to providers who have completed the self-paced training. Gainwell is working with FSSA to present monthly town hall meetings.
Progress	The first one occurred on 2/11/21. Gainwell continues doing one-on-one outreach to EVV applicable providers who have not shown any EVV preparation activity.
Issues	No open issues.

EVV CMS Certification

Description	The Operation Readiness Review (ORR) with CMS completed on 9/17 as scheduled. CMS provided positive feedback of the review and sent recommendations. These recommendations were reviewed on 10/28. Gainwell has completed both EVV CMS Certification open action items.
Progress	Gainwell provided reports for January and February of Claims that would deny if the edit was turned on. The report for March is currently in work. This CR is for the period April through June 2021.
Issues	No open issues.

Member/Managed Care

New HIP State Plan Expansion Cap Categories (GT-6643)

Description	Create new HIP State Plan Expansion Categories and revise existing HIP Capitation Category Descriptions.
Progress	Requirements have been submitted to the Sponsor for approval. On Track for June implementation.
Issues	No open issues.

Maternal Opioid Misuse Indiana Initiative (MOMII) Grant (GT-6849)

Description	Create a new UI MOMII Panel that will allow End User to enter and track MOMII data.
Progress	The Requirements have been submitted to the Sponsor for approval. On Track for July implementation.
Issues	No open issues.

Member/Managed Care-Cont.

Modify the Managed Care Potentials File to Enrollment Broker Process (GT-6758)

Description	This project will address Enrollment Broker (EB) issues with the proper identification of Managed Care Eligibility.
Progress	External kickoff held on 5/7. Requirements and business design are being drafted.
Issues	No open issues.

5 Percent Cost Share Applies to MEDWorks Members (GT-2737)

Description	Per 42 CFR 447.56, Medicaid is not allowed to require members to contribute more than 5% of their income to receive services, including copays and premiums. The premiums being paid by MED Works members is not currently included the tracking of the 5% maximum cost share limit. This project is to create a process that will inform Optum and the MCEs of a MED Works member's premium voucher information and suspend a member's premium voucher if they have met or exceeded their cost share limit.
Progress	Construction has begun, and the test plan is being developed. On target for a December 2021 implementation.
Issues	No open issues.

Other Priority Projects

Encounters for FQHCs and RHCs Medical Claims (GT-2528)

Description	Providers submit wraparound payment requests weekly or monthly basis to receive the difference between the MCE payment and the actual encounter rate they are owed. The State manually review these and submits expenditure requests. This project will remove the associated manual process for this at the State.
Progress	The majority of this project is complete. A small enhancement is underway to address desired Remittance Advice and reporting changes. The State is working with the associations to identify an implementation date.
Issues	None at this time.

FQHC/RHC Dental Wraparound payments (GT-2638)

Description	Providers submit wraparound payment requests weekly or monthly basis to receive the difference between the MCE payment and the actual encounter rate they are owed. The State manually review these and submits expenditure requests. This project will remove the associated manual process for this at the State.
Progress	The software is in the construction phase. A small enhancement is underway to address desired Remittance Advice and reporting changes. The State is working with the associations to identify an implementation date.

Issues

No open issues.