

## CM Manage Medicaid Population Health

Manage Medicaid Population Health		
Item	Details	VA "As-Is" Details
<b>Description</b>	<p>This business process designs and implements strategy to improve general population health by targeting individuals by cultural or diagnostic or other demographic indicators. The inputs to this process are census, vital statistics, immigration, and other data sources. This business process outputs materials for:</p> <ul style="list-style-type: none"> <li>■ Campaigns to enroll new members in existing program</li> <li>■ New program areas, services, etc.</li> <li>■ Updated Benefits/Reference , Member , Provider</li> </ul> <p>Communications with Impacted Members, Providers, and Contractors (e.g., program strategies and materials, etc.)</p>	Members are targeted as indicated. Outputs are program specific.
<b>Trigger Event</b>	<ul style="list-style-type: none"> <li>■ Receipt of data from census, vital statistics, public health departments, immigration, and other data sources</li> <li>■ Scheduled requests for data from above sources</li> <li>■ Receipt of data from other Business Areas</li> <li>■ Receipt of new population or problem-specific legislated health improvement initiatives</li> <li>■ Other originators (e.g., federal actions, constituency interests, etc.)</li> </ul>	<p>DMAS includes state mandates and recommendations by the DMAS Board as trigger events.</p> <p>DMAS adds new program availability as a trigger event.</p>
<b>Result</b>	<ul style="list-style-type: none"> <li>■ The outputs are data to support educational materials, communications, and other media.</li> </ul>	DMAS also considers improved health and social outcomes as a result.
<b>Business Process Steps</b>	<ol style="list-style-type: none"> <li>1. Start: Receive data/data request</li> <li>2. Analyze data</li> <li>3. Develop strategies</li> <li>4. Develop communication data set</li> <li>5. Determine changes to benefits</li> <li>6. Distribute communication materials data set via Send Outbound Transaction to             <ol style="list-style-type: none"> <li>a. Manage Member Communications</li> <li>b. Manage Provider Communications</li> <li>c. Manage Contractor Communications</li> </ol> </li> </ol>	<p><b>2010 MITA:</b> 2. To further clarify 'Analyze Data' this step is to further common state goals by analyzing data with state partners and to prevent certain outcomes (for example, low birth weight babies).</p> <p><b>2007 MITA:</b> DMAS notes that this becomes an iterative process as enrollees lose and regain eligibility.</p> <p>7. DMAS tracks thru paid claims. 8. Recipients can be in programs more than once.</p>

**CM Manage Medicaid Population Health**

<b>Manage Medicaid Population Health</b>		
<b>Item</b>	<b>Details</b>	<b>VA “As-Is” Details</b>
	7. End: Prepare data set to support communications or updates to reference information (e.g., benefit plan)	
<b>Shared Data</b>	Member Information Provider Information Contractor Information Benefits/Reference Information Data from external agencies including: census, vital statistics, immigration, and various health registries	<b>2010 MITA:</b> Data from external agencies has provided quality improvements by being able to look at the core system of care.
<b>Predecessor</b>	There are several Business Processes that can result in the interest or need to reach out to the Medicaid population in an attempt to improve behavior, promote prevention, etc.: <b>Program Integrity</b> <b>Manage Case</b> <b>Monitor Performance and Business Activity</b> <b>Develop Agency Goals and Objectives</b> <b>Manage Member Grievance and Appeal</b> <b>Manage Provider Grievance and Appeal</b> <b>Develop and Maintain Program Policy</b>	
<b>Successor</b>	<b>Manage Applicant and Member Communications</b> <b>Perform Population and Member Outreach</b> <b>Manage Provider Communications</b> <b>Perform Provider Outreach</b> <b>Manage Contractor Communications</b> <b>Perform Potential Contractor Outreach</b> <b>Develop and Maintain Benefit Package</b> <b>Maintain Benefits/Reference Information</b> <b>Manage Member Information</b> <b>Manage Provider Information</b>	
<b>Constraints</b>	Potential lack of inter-agency coordination mechanisms including the ability to share data across agency lines. Potential political and inter-agency	DMAS lists HIPAA as a constraint as well as our inability to interface with other agencies.

**CM Manage Medicaid Population Health**

<b>Manage Medicaid Population Health</b>		
<b>Item</b>	<b>Details</b>	<b>VA “As-Is” Details</b>
	conflicts over appropriate use of health care information.	
<b>Failures</b>	Ability to gather data to support strategies is impaired by interagency communication, lack of access to information	Other failures include a lack of opportunity for preventative measures which can make care and management more costly.
<b>Performance Measures</b>	% of target population receiving materials % change in frequency of desired outcome in target population	DMAS does not have a uniform standard for assessing and measuring performance of all the target member populations impacted by the <b>Manage Medicaid Population Health</b> business process. For each target group a different aspect of the program may be assessed and measured; for example, DMAS may monitor timeliness of managed care assignments and timeliness of re-assessment screenings for waiver recipients.