

Disenroll Member: Business Capabilities

Dis-enroll Member				
Capability Question	Level 1	Level 2	Level 3	Level 4 & 5
General Description				
Is this business process primarily manual or automated?	The process is primarily manual. Disenrollment information is manually entered and automatically updates to the eligibility/enrollment data store.	The process is a mix of manual and automated activities. Data may still be manually entered. Rules are automatically applied.	The process is primarily automated. Required data are delivered via MITA standard interface. Rules are configurable.	
Does this business process use standards?	Required data are entered into State-specific disenrollment forms. Rules are manually applied and verified.	Local standards based on HIPAA definitions are applied to the disenrollment process.	The process uses the MITA standard interface which is aligned with HIPAA and any other applicable standards.	
Does the Medicaid enterprise collaborate with other agencies or entities in performing this process?	Each agency manages its own disenrollment process. Member data, including ID, demographics and health status is not comparable across programs, reducing ability to monitor program outcomes or detect fraud and abuse.	Information on disenrollment is shared among agencies. Members are disenrolled based on State business rules or Federal regulations. Members are also disenrolled from Waiver and Managed Care programs.	There is collaboration across the Medicaid enterprise on the exchange of disenrollment information.	
Va. As Is:		Agency focuses on cost management and improving the quality of and access to care within structures designed to manage costs. DMAS is engaged in		

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		initiatives for disease state management, ALTC, PACE, PERM, and money follows the person.		
Va. To Be:		DMAS will continue to expand initiatives for disease state management, ALTC, PACE, PERM, and money follows the person.		
Business Capability Quality: Timeliness of Process				
How timely is this end-to-end process?	Disenrollments may take multiple business days.	Disenrollments are completed in 1 business day.	Turnaround time on disenrollment decision can be immediate. Average time to complete a disenrollment process is measured in seconds.	
Va. As Is:	Business process meets threshold or mandated requirements for timeliness. DMAS does make use of EDI and some automation.			
Va. To Be:	DMAS wants to increase automation and begin use of a Web portal/web services.			
Business Capability Quality: Data Access and Accuracy				
How accurate is the information used in this process?	Disenrollment data and format are indeterminate. Disenrollment forms are not standardized and may be hard copy. Manual processes can adversely impact accuracy.	Disenrollment requests and exchange data use local versions of HIPAA standards, improving access and accuracy.	Disenrollment requests and exchange data use MITA standard interfaces, further improving access and accuracy to 90% or better.	

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How accessible is the information used in this process?	Information may be stored in disparate systems and may need to be accessed manually.	Data may be stored separately but can be accessed and aggregated as needed.	Data may be stored in either a single member registry or federated Enterprise member registries that can be accessed by all applications. Providers, members, and state enrollment staff have secure access to appropriate and accurate data on demand.	
Va. As Is:		Automation and standardization of business process is improving consistency and accuracy.		
Va. To Be:		DMAS wants to continue to improve consistency and accuracy and increase automation where applicable.		
Business Capability Quality: Cost Effectiveness				
What is the ratio of the cost to perform this process compared to the benefits of the results?	Disenrollment occurs in silos without coordination, i.e., different processes and multiple pathways for each type of disenrollment. Considerable staff effort required to keep up with disenrollments within each month.	Cost-effectiveness improves with automation. The Disenroll Member process meets State cost containment guidelines.	Shared services, MITA standard interfaces, and inter-agency collaboration further improve cost-effectiveness over Level 2. The process demonstrates further improvement and value desired by the Medicaid enterprise.	
Va. As Is:	Process requires a sizeable			

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	staff.			
Va. To Be:	DMAS will try to keep the staff size aligned with current and future workflow needs.			
Business Capability Quality: Effort to Perform; Efficiency				
How efficient is this process?	Manual processes create inefficiencies.	Introduction of automation improves efficiency over Level 1.	Use of MITA standard interfaces further increases efficiency over Level 2.	
Va. As Is:	Most business processes are labor-intensive and “stovepiped”. However, there are some automated areas.			
Va. To Be:	DMAS will continue to work towards full automation.			
Business Capability Quality: Accuracy; Usefulness of Process Results				
How accurate are the results of this process?	Decision making for the process is manual and therefore may result in inconsistent decisions. Complies with State guidelines for error rate.	Automation of business rules and standardization of disenrollment data improves accuracy of results. Decision making for the process is based on Medicaid enterprise policy which has been partially automated resulting in uniform decisions most of the time.	Adoption of MITA standard interface and Sharing of data with other agencies improves results. The process consistently applies business rules resulting in uniform decisions.	
Va. As Is:	Business process is labor-intensive, but results meet requirements for timeliness and accuracy.			
Va. To Be:	DMAS will work towards greater automation to			

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	improve timeliness and accuracy.			
Business Capability Quality: Utility or Value to Stakeholders				
How satisfied are the stakeholders?	Stakeholder satisfaction is low, with few resources dedicated to improvement and few measurements in place, e.g. reliance on complaints, legal mandates for action regarding improving stakeholder satisfaction.	States begin to identify gaps in levels of satisfaction and stakeholder expectations and priorities. Improvements are made strategically, increasing stakeholder satisfaction over Level 1.	Medicaid Enterprise conducts internal and external audits/focus groups which take into consideration the results of its previous research along with other national standards to identify additional stakeholder expectations and priorities. Improvements are made based on national and MITA best practices, improving stakeholder satisfaction over Level 2.	
Va. As Is:	Business process complies with agency and state requirements.			
Va. To Be:	DMAS will move toward greater automation via MITA.			