

Enroll Member: Business Capabilities

Enroll Member				
Capability Question	Level 1	Level 2	Level 3	Levels 4 & 5
Business Capability Descriptions The Section provides general background on the Business Process at Level 1 – 3. It is used to identify the differences between Levels.				
What Is the Access Channel for Receipt of Enrollment Application Form?	Applicants submit paper application forms to each program separately.	Application process is more automated. Some applications may be submitted on paper via. telephone or, web-based.	Applicants may initiate an eligibility/enrollment application online from home or a community location receive some responses in real time. Paper applications are still an option for those without computer access.	
What Is the Level of Collaboration with Other Programs?	There is no cross program coordination.	Staff collaborate within the agency.	Collaborating agencies use MITA standard interface for the enrollment data exchange. (“No Wrong Door”)	
Are Verification and Validation Activities manual or automated?	Approximately 20% of the verification and validation of enrollment data is performed automatically.	Approximately 50% or more of the verification and validation of enrollment data is automated; some information requires manual processing.	90% of the verification and validation of enrollment data is automated and is based on MITA HL7 data standards. Some categories of eligibility may be exceptions.	
How Are Business Rules Applied?	Enrollment policies, procedures, benefits and application forms are program specific and may be prone to error due to manual application of policies.	Some business rules are automated resulting in consistent application of these rules.	Maximizes number of automated business rules which accommodate business rules for multiple programs.	

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Va. As Is:	<p>Enrollment processes are paper-based and siloed within programs with no cross program coordination.</p> <p>Staff makes decisions autonomously and without consultation with other programs.</p> <p>Eligibility determination must precede enrollment and is done separately.</p> <p>Enrollment policies, procedures, benefits and application forms are program specific.</p> <p>Applicants must submit paper application forms to each program separately and responses may take several days.</p> <p>Process focus is on manually applying the agency's business rules to ensure that enrollment meets state and federal requirements.</p> <p>Staff manually verifies financial, socio-economic and health status information.</p> <p>Enrollment in managed care and waiver programs requires cumbersome extension of traditional fee-for-service processes.</p>			

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	<p>Benefits cannot be “blended” across programs.</p> <p>Staff does not have the time or means to focus on meeting members’ health, functional, cultural or linguistic needs.</p> <p>Staff must send paper enrollment notification to contractors.</p> <p>Some elements of Level 2 exist in the area of collaboration, coordination, and automation</p>			
Va. To Be:	<p>DMAS will expand its No Wrong Door initiative.</p> <p>Consumer directed services will also be expanding. For instance, a Money Follows the Person initiative is underway.</p>			
BUSINESS CAPABILITY QUALITIES (Examples only excerpted from total list) [Qualities are capabilities that are measurable]				
Timeliness of Process				
What Is the Timeliness of End to End Process?	From Mail Room In to Mail Room Out: Completion of the Enroll Member process is measured in months.	From Mail Room In to Mail Room Out: Completion of the Enroll Member process is measured in weeks	Manual processes are the exception and do not significantly impact performance of the business process.	
Manual Process		From Electronic In to Out: No more than 14 days	From MITA Business Service Trigger to Result: timeliness improves over	
Electronic Process				

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			Level 2	
Va. As Is:	Decisions on application may take several days; longer if verification of information is difficult. Contractors do not receive timely enrollment information. Some elements from level 2 are currently automated and the web is in use.			
Va. To Be:	DMAS will continue to work towards achieving Level Two.			
Data Access and Accuracy				
Are data and format standardized?	Enrollment data and format are non-standard	Enrollment data are standardized. Enrollment applications are standardized and electronic. Data can be used to support HIPAA transaction needs without crosswalking.	Enrollment and exchange data use MITA standard interfaces, improving accuracy, reusability, and interoperability.	
How accurate is the data?	Data accuracy is measured as sufficient to support operation of the business process	Data accuracy is noticeably improved over level 1.	Data accuracy is measured as 98% of total data stored and 98% of occurrences of data accessed.	
Va. As Is:	Enrollment data and format are indeterminate. Enrollment applications are not standardized and may still be			

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	<p>hard copy.</p> <p>Some enrollment records are stored electronically but storage is not centralized. Member data, including ID, demographics and health status, is not comparable across programs reducing ability to monitor program outcomes or detect fraud and abuse.</p> <p>Notifications to contractors are state-specific and differ by contractor type.</p> <p>Some elements of level 2 have been achieved (834 etc.)</p>			
Va. To Be:	DMAS is working toward total automation and standardization of enrollment.			
Effort to Perform; Efficiency				
What Level of Effort is required?	The enrollment process required is labor intensive and inefficient due to manual processes.	The enrollment process requires less effort than at Level 1 due to increased efficiencies.	The enrollment process requires less effort than Level 2 due to increased efficiencies.	
Va. As Is:	Enrollment may occur in silos without coordination, i.e., different processes and multiple pathways for each			

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	<p>type of enrollment.</p> <p>Applicants and members can submit applications, make inquiries, and choose providers and MCOs on paper.</p> <p>Staff contact external and internal financial, socio-economic, demographic and health status verification sources via phone, fax.</p> <p>Some elements of level 2 exist relative to automation.</p>			
Va. To Be:	<p>DMAS wants to implement electronic transfer of requests to change benefit plan providers (MCO) as well as working on implementation of web-based application capabilities for:</p> <p>1) Pre-Admission Screeners (due to be completed 12/31/07)</p> <p>2) Nursing Facility Providers (to be able to complete on-line enrollments)</p> <p>3) Hospice Providers (to be able to complete on-line enrollments).</p>			

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Cost-Effectiveness				
Is the cost of the enrollment process balanced by the results?	No. Siloed and manual enrollment processes are expensive and result in redundant effort and costs.	Fewer applicants and members are enrolled in the wrong program, reducing program costs and eliminating redundancy.	Shared services and inter-agency collaboration contribute to streamline the process.	
Va. As Is:	Requires a large staff to meet targets for manual enrollment of members. Siloed enrollment processes result in redundant infrastructure, effort and costs.			
Va. To Be:	DMAS wants to improve the processes using MITA standards.			
Accuracy of Process Results				
What are acceptable Error Rates?	Much of the application information is manually validated may be difficult resulting in increased error rates and potential for fraud. Decisions may be inconsistent.	Automation of data edits and business rules improves accuracy of validation and verification. Automated application of enrollment business rules improves consistency.	Use of MITA standard interface and automation of enrollment and verification data interchange improves consistency and accuracy of enrollment results. Error rate is 0.5% or higher.	
Va. As Is:	Much of the application information is manually validated and verification			

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	<p>may be difficult resulting in increase error rates and potential for fraud.</p> <p>Decisions may be inconsistent.</p> <p>Due to limited monitoring and re-verification of enrolled members' status, ineligible members may continue to be enrolled.</p> <p>MMIS and Contractor member registries are frequently not synchronized.</p> <p>Some elements of level 2 exist in the area of automation.</p>			
Va. To Be:	DMAS will work towards Level Two.			
Stakeholder Satisfaction				
What is the level of stakeholder satisfaction?	Satisfaction level is described as adequate.	Satisfaction level is noticeably improved over level 1 and can be described as sufficient.	Satisfaction level is noticeably improved over level 2 and can be described as very good.	
Va. As Is:	Focus is on accurately processing enrollment and manually verifying information as efficiently as possible. Staff does not have time to focus on health,			

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	functional, cultural and linguistic compatibility of provider or program for the member, or member satisfaction. Some elements of level 2 exist in the area of automation and coordination.			
Va. To Be:	DMAS will continue working towards Level Two.			