



## Managed Care Organizational Self-Assessment

*This Managed Care Organizational Self-Assessment is designed to provide organizations with 11 categories of processes, practices, and change management activities needed to effectively prepare for and function during the early stages of a business relationship with a Medicaid Managed Care Plan (MMCP). When completed, the self-assessment tool offers a snapshot of the organization's current level of readiness, as well as an assessment of areas of need for technical assistance. This tool may be helpful as a planning resource to guide organizations in their preparation and decision-making of service delivery.*

***The Managed Care Technical Assistance Center (MCTAC) strongly suggests that your organization brings its leadership and management teams together and respond to the series of statements collectively. The discussion will not only assure that the answers are an accurate reflection of Managed Care readiness, but may also represent the beginning of your planning process to address any opportunities identified during the conversation.***

Statements presented will be answered either as **Yes/No, multiple choice**, or on a scale from **1-5** as defined below:

**5= We are ready right now (we currently have the needed knowledge, resources, infrastructure, and plans in place)**

**4= We are mostly ready (we are unlikely to need technical assistance)**

**3= We are moderately ready (we may or may not need technical assistance)**

**2= We are somewhat ready (we are likely to need technical assistance)**

**1= We are not at all ready (we will need technical assistance)**

Assessment Item	Question Type
<p><b>Domain 1: Understanding Medicaid Managed Care Plans' (MMCPs) Priorities and Present Managed Care Involvement</b></p>	
<p>Your organization currently holds contracts with one or more Medicaid Managed Care Plans.</p>	Yes/No
<p>What is your organization's percentage of current reimbursement for services coming from Managed Care (Medicaid Managed Care, Medicare Managed Care, Commercial Insurance, any other health care insurance) ?</p> <ul style="list-style-type: none"> <li>● Less than 10%</li> <li>● 10 to 25%</li> <li>● 26 to 50%</li> <li>● 51% to 75%</li> <li>● More than 75%</li> <li>● I do not know</li> </ul>	Multiple Choice
<p>Please provide a breakdown of client insurance/coverage type. <b>The data below should reflect data for clients served during the first quarter of 2018.</b></p> <p>                 ___% Medicaid Only (Fee-for-service)                      ___% Medicaid Managed Care                  ___% Medicaid and Medicare                                      % Medicare Managed Care                  ___% Medicare Only    ___% Commercial insurance                  % Third-party payer    ___% Self-pay             </p> <p> <b>Medicaid Only</b> - Individuals with only Medicaid (fee-for-service)  <b>Medicaid and Medicare</b> – individuals with Medicare and Medicaid (dual-enrollment)  <b>Medicare Only</b> - Individuals with only Medicare  <b>Medicaid Managed Care</b> - Individuals enrolled in Medicaid managed care  <b>Medicare Managed Care</b> - Individuals enrolled in Medicare managed care  <b>Commercial insurance</b> - Individuals enrolled in commercial plans, which are not Medicaid or Medicare  <b>Third-party payer</b> - Grants and other payers  <b>Self-pay</b> - Individuals with no insurance, or insurance is out of network             </p>	Fill-in
<p>Your organization has an internal point person who is responsible for understanding MMCPs' priorities and directing</p>	Yes/No

organizational policy and interactions.	
Your organization knows which MMCPs are active in your area.	Yes/No
<b>Domain 2: MMCP Contracting</b>	
Your organization has identified services that are included in Medicaid Managed Care contracting	Yes/No
Your organization understands the requirements for all services included in each Medicaid Managed Care contract.	Yes/No
Your organization has an identified individual who is responsible for providing oversight to MMCP contracting.	Yes/No
Your organization understands the requirements of each Medicaid Managed Care contract you have.	Yes/No
<b>Domain 3: Communication/Reporting (Services authorization, etc.)</b>	
Your organization has a designated liaison responsible for communication and reporting with the MMCPs.	Yes/No
Your organization knows the reporting requirements for the MMCPs in your region with which you contract.	Yes/No
Your organization knows the name and contact information for the Provider Relations Department for each MMCP with which you contract.	Yes/No
Your organization has knowledge of the steps for member verification for each plan and who within the plan to contact when questions arise.	Yes/No
<b>Domain 4: IT System</b>	
Your organization currently uses an Electronic Health Record (EHR) or an Electronic Medical Record (EMR): (Check all that apply) <ul style="list-style-type: none"> <li>● For documentation</li> <li>● For billing</li> <li>● For documentation and billing</li> <li>● My organization does not currently use an EHR or an EMR</li> </ul>	Multiple Choice
If your organization uses an EHR or EMR for documentation, do you use one or multiple systems? <ul style="list-style-type: none"> <li>● One system</li> <li>● Multiple systems</li> </ul> <p>*Skip logic applies if they select "For documentation" in previous question</p>	Multiple Choice
If your organization uses multiple EHR or EMR systems for documentation, please explain how and for which services/programs your organization uses each of these systems. <p>*Skip logic applies if they select "Multiple Systems" in previous question</p>	Text box

<p>If your organization uses an EHR or EMR for billing, do you use one or multiple systems?</p> <ul style="list-style-type: none"> <li>• One system</li> <li>• Multiple systems</li> </ul> <p>*Skip logic applies if they select "For billing" in Q1 of this section</p>	<p>Multiple Choice</p>
<p>If your organization uses multiple EHR or EMR systems for billing, please explain how and for which services/programs your organization uses each of these systems.</p> <p>*Skip logic applies if they select Multiple Systems in previous question</p>	<p>Text box</p>
<p>Your organization currently bills Managed Care (Medicaid Managed Care, Medicare Managed Care, Commercial Insurance, any other health care insurance) electronically through: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• EHR/EMR</li> <li>• Clearing House</li> <li>• Electronic Billing Software</li> </ul>	<p>Multiple Choice</p>
<p>Your organization's EHR/EMR has the capacity to: (Check all that apply)</p> <ul style="list-style-type: none"> <li>• Schedule appointments and practice management</li> <li>• Capture patient demographic data</li> <li>• Capture basic biometric data (height, weight, BP, etc.)</li> <li>• Record information about care delivery (e.g. diagnosis, CPT codes, clinical formulation, treatment notes, etc.)</li> <li>• E-prescribe</li> <li>• Conduct screening/assessments (e.g. PHQ-9, CANS/ANSA, etc.)</li> <li>• Record patient attendance in programs and groups</li> <li>• Calculate and report on quality (directly within EHR/EMR, not via another system)</li> <li>• Submit electronic claims/bills (using both 837i and 837p billing formats)</li> <li>• Receive remittances from payers</li> <li>• Incorporate remittances into electronic system</li> <li>• Generate billing/remittance reports on a regular basis for senior leadership</li> <li>• Display status information on social determinants of health (e.g. housing, employment, access to food, etc.)</li> <li>• Record information on scheduled patient appointments (with physicians, care managers, counselors/therapists, programs, rehabilitation services, etc.)</li> <li>• Record information on contacts with patient/consumer peripherals (family members, providers, etc.)</li> </ul>	<p>Multiple Choice</p>

<ul style="list-style-type: none"> <li>Other (w/text box)</li> </ul>	
Is your EHR/EMR able to exchange data directly with other healthcare systems?	Yes/No
<p>If yes, does your organization: (Check all that apply)</p> <ul style="list-style-type: none"> <li>Accept notifications (e.g. ADT notices)</li> <li>Accept data</li> <li>Push data out</li> </ul> <p>*Skip logic will be applied based on the previous questions response</p>	Multiple Choice
Is your EHR/EMR connected to Regional Health Information Organization (RHIO)?	Yes/No
<p>If yes, indicate which: (Check all that apply)</p> <ul style="list-style-type: none"> <li>The Bronx RHIO, Inc.</li> <li>HealthlinkNY</li> <li>HEALTHeCONNECTIONS RHIO</li> <li>HEALTHeLINK</li> <li>Healthix, Inc.</li> <li>Healthcare Information Xchange of New York, Inc. (HIXNY)</li> <li>Rochester RHIO</li> <li>NY Care Information Gateway (NYCIG)</li> </ul> <p>*Skip logic will be applied based on the previous questions response</p>	Multiple Choice
Your organization has determined whether there are specific IT system requirements with which you will need to comply when working with the MMCPs.	Yes/No
<b>Domain 5: Medical Necessity, Eligibility Criteria, and Utilization Management Practices</b>	
Your organization has an individual responsible for knowing MMCP requirements and procedures regarding communication of Medical Necessity/Eligibility for each MMCP.	Yes/No
Rate your organization’s readiness to meet MMCP service authorization requirements, including time frames.	1-5 scale
Rate the capability of your clinical supervisor’s understanding of MMCP utilization management requirements and their ability to supervise staff to practice accordingly.	1-5 scale
Your organization has a method in place for disseminating material & training frontline staff on Utilization Management (UM) criteria.	Yes/No
MULTIPLE CHOICE: Your organization currently <b>has/needs to develop</b> policies and procedures around UM protocols.	Multiple Choice: Has/needs to develop
Rate your organization’s understanding of Home and Community Based Services (HCBS).	1-5 scale
Rate your organization’s understanding of State Plan Services (Children and Family Treatment and Support Services).	1-5 scale
<b>Domain 6: Member Services and Grievance Procedures</b>	

Your organization has assigned a person to be responsible for understanding the expectations of MMCP member services.	Yes/No
Your organization has a process in place to inform clients how to use member services and how they can support them.	Yes/No
Rate your organization’s ability to train staff regarding MMCP Member Services.	1-5 Scale
Your organization has grievance procedures for each MMCP contract	Yes/No
<b>Domain 7: Interface with Physical Health, Social Support, and Health Homes</b>	
Rate your organization’s ability to effectively interact with physical health providers (i.e. primary care physician, dentist, orthodontist, gynecologist, etc.) on behalf of the recipients you serve.	1-5 scale
Rate your organization’s ability to effectively interact with social service providers and other systems (i.e. local department of social services (LDSS), probation, schools, housing, employment, ACCES-VR, etc.) on behalf of the recipients you serve.	1-5 scale
Rate your organization’s ability to effectively interact with Health Homes and Care Managers on behalf of the recipients you serve.	1-5 scale
What social determinants of health information does your organization collect and review? (Check all that apply) <ul style="list-style-type: none"> <li>● None</li> <li>● Economic Stability (e.g. employment, income etc.)</li> <li>● Neighborhood and Physical Environment (e.g. housing, transportation etc.)</li> <li>● Education (e.g. literacy, language etc.)</li> <li>● Food (e.g. hunger, access to healthy food)</li> <li>● Community and Social Context (e.g. support system, stress, etc.)</li> <li>● Health Care System (e.g. health coverage, quality of care etc.)</li> </ul>	Multiple Choice
<b>Domain 8: Quality Management, Quality Studies, and Incentive Opportunities</b>	
Your organization has an individual responsible for managing the Quality Assurance/Quality Study expectations of MMCPs.	Yes/No
Your organization has sufficient staff assigned to the Quality Assurance (QA) function.	Yes/No
Your organization has policies and procedures for Quality Assurance and Compliance.	Yes/No
Your organization’s leadership team regularly reports to your board on issues of Quality Assurance and Compliance.	Yes/No
Your organization’s leadership team reports to your board: <ul style="list-style-type: none"> <li>● Weekly</li> <li>● Bi-weekly</li> <li>● Monthly</li> <li>● Quarterly</li> </ul>	Multiple Choice

<ul style="list-style-type: none"> <li>Yearly</li> </ul>	
<b>Domain 9: Finance and Billing</b>	
Your organization bills: (Check all that apply) <ul style="list-style-type: none"> <li>Medicare</li> <li>Medicaid</li> <li>Medicaid Managed Care</li> <li>Medicare Managed Care</li> <li>Commercial Insurance</li> <li>Self-pay</li> </ul>	Multiple Choice
Your organization has an individual (or a Financial Management consultant) who has experience billing MMCPs.	Yes/No
Rate the ability of your organization to submit clean claims to MMCPs on a timely basis.	1-5 Scale
Your organization has a comprehensive Compliance Plan led by a designated compliance officer that is supported by internal monitoring and auditing.	Yes/No
Your organization currently utilizes a clearinghouse to submit claims.	Yes/No
Your organization has a standardized process to address claim remittances.	Yes/No
Your organization has a revenue cycle management or a similar process in place.	Yes/No
How does your organization verify eligibility? (Check all that apply) <ul style="list-style-type: none"> <li>Batch Upload 270/271</li> <li>EPaces</li> <li>Verifone</li> <li>Calling the MMCPs/Insurance Company</li> <li>Other (w/ text box)</li> <li>Currently do not verify eligibility</li> </ul>	Multiple Choice
Rate your organization's ability to update/create organizational business models.	1-5 Scale
Rate your organization's ability to update/create staffing plans.	1-5 Scale
Rate your organization's capacity to update/create infrastructure (i.e. information technology, finance systems, hiring practices, quality/reporting/compliance systems)	1-5 Scale
<b>Domain 10: Access Requirements</b>	
Rate the familiarity of your organization with Managed Care plan requirements for timely access to services.	1-5 Scale
Rate the capability of your organization to demonstrate that it can meet Managed Care Plan requirements for timely access to services.	1-5 Scale
<b>Domain 11: Demonstrating Impact/Value (Data Management and Evaluation Capacity)</b>	

Your organization has identified, trained, and provided the appropriate software application support to an individual responsible for data analysis.	Yes/No
Rate the ability of your organization to collect data related to the volume of services provided.	1-5 Scale
Rate the ability of your organization to collect data related to the clinical impact of services provided (quality of care) to consumers.	1-5 Scale
Rate the ability of your organization to implement continuous quality improvement (CQI) projects.	1-5 Scale



**Contact Information:**

**This assessment was completed by:** • One Individual • Organizational team (e.g., Leadership team) • Other (i.e. consultant)

**Who was part of the team that completed this assessment? If not completed by a team, please provide the name of the individual and/or other who completed this assessment.**

Name	Title

**Organization Point of Contact:**

**Organization:**

**Title:**

**E-mail:**

**Date:**