

**Maricopa Health Plan and
UnitedHealthcare Community Plan
Member Transition Plan**

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Transition Task Plan

Purpose and Scope

Maricopa Health Plan (MHP) through its management services organization University of Arizona Health Plans (UAHP) is transitioning its members to UnitedHealthcare Community Plan (UHCCP) as part of the overall Maricopa Integrated Health System (MIHS) strategic realignment to focus resources on the re-engineering of MIHS as the Maricopa County safety net provider. Through this transition, MIHS will be able to better serve the vulnerable population of Maricopa County. Following the closing of the transaction that is the subject of the Membership Transition Contract (Contract), MHP will cease operations.

MHP and UHCCP recognize that with this membership transition, the following goals must be met:

- Ensuring uninterrupted services and ongoing access to care and choice for members;
- Ability to maintain and support the AHCCCS contract requirements, including commitments in the proposal submitted to AHCCCS during procurement;
- Ensuring that major functions are not adversely affected; and
- Maintaining the integrity of a fair and competitive AHCCCS procurement process for managed care contracts.
- Compliance with all posted AHCCCS policies and guidelines

In this membership transition, MHP and UHCCP are guided by the desire to maintain member continuity of care and services for members and providers.

This document contains the transition plan and approach to effectuate the seamless transition of members to UnitedHealthcare Community Plan, ensuring the aforementioned goals are met in the process.

Project Management Structure

MHP/UAHP and UnitedHealthcare Community Plan (UHCCP) will employ a reliable and replicable implementation approach, led by dedicated project managers who will organize and manage the implementation process. This disciplined implementation approach comprises several key components, including:

- Implementation structure, including a dedicated, experienced implementation director, supported by a Core Team;
- Implementation governance structure that ensures effective management of implementation tasks and communication with MHP, UAHP and UHCCP;
- Command Center Model (Command Center) that supports the implementation team by identifying and addressing transition issues;
- Project management processes, dashboards and stage gate reviews that identify potential issues before they become problems;
- Internal and external dependency management that will allow for quick adjustment or modification of plans based on potential issues;
- Internal readiness evaluations that will prepare UHCCP meet readiness review requirements.

A. Project Team Leaders:

- UHCCP
Karen Saelens, Chief Operating Officer
- MHP
Michael Zenobi, VP of Managed Care
- UAHP
Sarah Spiekermeier, Program Implementation Manager

MHP, UAHP and UHCCP will establish project management and reporting standards, communication protocols, key points of contact, standing meetings, and ratify or adjust the implementation schedule as necessary. MHP will analyze, specify, document and validate business and technical requirements. If additional modifications are required during readiness review, all teams have the flexibility and experience to configure, track, manage and report data to meet AHCCCS requirements.

B. Project Team Communication:

Information will be disseminated to the appropriate functional team owners (e.g., clinical, technology and operations) through and/or including the respective Project Team Leaders. Follow up with functional team owners on outstanding items and deliverables will be timely, to ensure on-time delivery of requirements.

A formal question and answer (Q&A) submission process will be coordinated for information about the implementation. A matrix of all issues will be maintained. This formal process ensures all questions are tracked and answered.

Throughout the implementation, MHP, UAHP and UHCCP will conduct implementation meetings as needed. These meetings will include standing and new agenda items. Standing items might include issues that affect network, staffing or information technology (IT) system development. If needed, additional subject matter experts will be invited to the meetings to discuss specific issues. To promote effective communication among our implementation functional teams, we will establish an implementation SharePoint site to share all relevant communications, documents, project implementation plans and status reports.

MHP Responsibilities

A. Transition Coordinator

The Transition Coordinator for MHP is:

Michael Zenobi, V.P. of Managed Care
602 344 5442
Michael.Zenobi@MIHS.org

B. Member Transition and Compliance with ACOM Policy 440 E. 2.f.

- MHP has contracted with UAHP for the continued provision of all medically necessary covered services to members until the transition of all members is complete. The contract guarantees the continuation of the high level of service UAHP currently provides to MHP members.
- MIHS has designated Michael Zenobi as the MHP Transition Coordinator, see above.
- Once a timeline is developed for the individual phases of this project, MHP will work with AHCCCS to submit all required deliverables.
- AHCCCS will determine the timeline for transition milestones and member communication. Using this schedule, MHP will coordinate the following communication modes:
 - Member Notification of Pending Transaction
 - Provider Notification Letter
 - Community Partner Notification
 - Consider Website Information Posting for Members and Providers
 - Scripts for Member Services and Provider Relations Staff

All communications will conform to AHCCCS guidelines (ACOM Policy 404) for member communication and will be reviewed and approved by AHCCCS prior to publication.

An initial member communication letter has been reviewed by AHCCCS and mailed on Friday, October 7th.

- MHP will arrange for the transferring member data and disposition of any related medical records, as necessary, based upon member continuity of care. Key member data will be shared via the DEF files. Based upon this data, if member medical records need to be shared, UHCCP will notify MHP for the information.
- MHP will accumulate claims data as well as MHP case management reviews and prior authorization information to identify members in need of care coordination. Member information for the following issues will be delivered to UHCCP via the DEF files:
 - Significant medical or behavioral health conditions
 - General mental health or substance abuse

- Serious Mental Illness (SMI),
- High-risk pregnancy or pregnancy within the last trimester
- The need for organ or tissue transplantation,
- Chronic illness resulting in hospitalization or nursing facility placement, etc.,
- Members who were in the Neonatal Intensive Care Unit (NICU) after birth
- Ongoing services such as daily in home care, behavioral health services, dialysis, pharmacy, medical supplies, transportation, home health, chemotherapy and/or radiation therapy
- Hospitalized at the time of transition
- Conditions requiring ongoing monitoring or screening such as elevated blood lead levels
- Prior authorized services including but not limited to scheduled surgeries, post-surgical follow-up visits, out-of-area specialty services, nursing home admission or Home and Community Based (HCBS) Placements
- Continuing prescriptions, Durable Medical Equipment (DME) and medically necessary transportation orders,
- Significant conditions or treatments such as pain control, hypertension, enteral feedings, oxygen, wound care, ventilator services, and
- High needs/high costs.

MHP case managers, prior authorization staff and member service representatives will work with UHCCP staff to coordinate care for individuals who fall into these categories. Communications between staff at the two entities may include letters, e-mails, phone calls and face-to-face meetings to discuss member care. Staff from both agencies will reassure members that medically necessary services will continue and ease member concerns about the program change. MHP has gotten commitment that UHCCP will take additional steps to make sure these members do not experience a disruption or delay in accessing care and services in the new plan.

C. Network

MHP, UAHP and UHCCP are working together in order to perform a network analysis in order to ensure the maximum possible overlap in network coverage to maintain continuity of care for members.

To facilitate the network gap analysis discussed further under the UHCCP Responsibilities, Network Analysis section below, UAHP on behalf of MHP is providing UHCCP with MHP network information for the following provider types:

- Primary Care
- Specialist
- Behavioral Health

- Pharmacy
- Skilled Nursing
- Dental
- Other, as identified

In addition to evaluating gaps in assigned primary care providers and hospitals between MHP and UHCCP, similar analyses will be performed for high utilizing and high dollar volume primary and specialty providers, dental, PBM and pharmacies, and transportation.

The UHCCP Responsibilities, Network section of this document below contains further detail regarding the specific steps being taken to ensure member choice, continuity of care, gap analysis between MHP and UHCCP networks, as well as how those gaps will be addressed. The detailed Transition Task Plan included at the end of this document contains the specific plan tasks MHP, UAHP and UHCCCP are undertaking to accomplish those items.

As mentioned in Section B, providers will receive a notification letter of the transition. MHP has developed “Frequently Asked Questions” in order to address questions providers might call into our provider service centers to ask.

D. Staffing

MIHS/MHP has a pending agreement with UAHP to ensure the continuation of the necessary levels of service sufficient to conduct successful business operations through the completion of member transition. See Section B, above.

E. Communication

As discussed in Section B, above, MHP will develop communications for Member Services and Provider Relations Staff. All scripts will be submitted to AHCCCS for approval.

UHCCP Responsibilities

A. Transition Coordinator

The Transition Coordinators for UnitedHealthcare Community Plan (UHCCP) are:

- *Karen Saelens* **602-255-8210** Karen.Saelens@uhc.com
- *Jeffrey Greenspan* **952-202-9886** jeffrey.greenspan@uhc.com

B. Member Transition and Compliance with ACOM Policy 440 E. 2.f.

- AHCCCS will determine the timeline for transition milestones and member communication. Using this schedule, UHCCP will coordinate the following communication modes:
 - Member notification of changes to providers of service
 - Provider notification of changes in membership
 - Vendor notification communication, regarding increase in membership
 - Community Partner Notification
 - Consider Website Information Posting for Members and Providers
 - Scripts for Member Services and Provider Relations StaffAll communications will conform to AHCCCS guidelines (ACOM Policy 404) for member communication and will be reviewed and approved by AHCCCS prior to publication.
- UHCCP will arrange for accepting member data and disposition of any related medical records, as necessary, based upon member continuity of care. Key member data will be shared via the DEF files. Based upon this data, if member medical records need to be shared, UHCCP will notify MHP for the information.
- UHCCP will utilize the DEF file data to prepare for member continuity of care, to identify members in need of care coordination. This information will be utilized by case management and prior authorization teams. Information shared includes:
 - Significant medical or behavioral health conditions
 - General mental health or substance abuse
 - Serious Mental Illness (SMI),
 - High-risk pregnancy or pregnancy within the last trimester
 - The need for organ or tissue transplantation,
 - Chronic illness resulting in hospitalization or nursing facility placement, etc.,
 - Members who were in the Neonatal Intensive Care Unit (NICU) after birth
 - Ongoing services such as daily in home care, behavioral health services, dialysis, pharmacy, medical supplies, transportation, home health, chemotherapy and/or radiation therapy
 - Hospitalized at the time of transition

- Conditions requiring ongoing monitoring or screening such as elevated blood lead levels
- Prior authorized services including but not limited to scheduled surgeries, post-surgical follow-up visits, out-of-area specialty services, nursing home admission or Home and Community Based (HCBS) Placements
- Continuing prescriptions, Durable Medical Equipment (DME) and medically necessary transportation orders,
- Significant conditions or treatments such as pain control, hypertension, enteral feedings, oxygen, wound care, ventilator services, and
- High needs/high costs.

UHCCP case managers, prior authorization staff and member service representatives will work with MHP/UAHP staff to coordinate care for individuals who fall into these categories. Communications between staff at the two entities may include letters, e-mails, phone calls and face-to-face meetings to discuss member care. Staff from both agencies will reassure members that medically necessary services will continue and ease member concerns about the program change. UHCCP will strive to ensure members do not experience a disruption or delay in accessing care and services in the new plan.

C. Network

Based on network data provided by MHP/UAHP, UHCCP began network analysis to evaluate network adequacy, capacity, overlap and gaps for the following provider types:

- Primary Care (PCP)
- Specialist
- Behavioral Health
- Skilled Nursing
- Pharmacy
- Dental
- Other, as identified

Gap analysis of MHP's and UHCCP's hospital network and PCP networks have been completed. MHP/UAHP is currently in the process of providing UHCCP with MHP's specialist and pharmacy network information for UHCCP to utilize to complete a similar gap analysis. Subsequent to that gap analysis for the remaining provider types listed above will be performed. Results of the hospital network and PCP network gap analyses are provided below as well as how UHCCP will address network gaps in favor of preserving the values of member choice and continuity of care.

Hospital Network

As of the date of this Plan submission, there is 100% overlap between MHP's three contracted hospitals and UHCCP's 30 contracted hospitals.

Primary Care Physician Network

As of the date of this Plan submission, there is a 97%+ overlap between MHP's Primary Care Physician network and UHCCP's network. UHCCP and MHP will undertake efforts to address the 3% of membership where no overlap was identified in order to ensure member choice and continuity of care. UHCCP is evaluating eligible gap PCPs for contracting. Refer to "Recruitment of a new provider" under the Member choice and Continuity of Care section below.

Member Choice and Continuity of Care

UHCCP recognizes the responsibility to provide members with accessible services and providers, regardless of the ebbs and flows of contracts with providers. When a network gap occurs, UHCCP takes active steps to address the gap so that a member's care is not compromised. UHCCP's Provider Relations department, in collaboration with the Health Services Department, Chief Medical Officer and other involved parties, promptly assess the availability of other providers in the community. In the unlikely event UHCCP is not able to provide in-network access to a physician a member has seen in the past, the preferred intervention strategy is to refer affected members to another contracted provider that is qualified and available. If a contracted provider is not available, the following short-term interventions are taken:

- *Referral to a non-contracted provider.* Special provisions such as a letter of agreement may be made with non-contracted providers to accommodate the members' needs until an equivalent provider is located, or if possible, a contract with the non-participating provider is secured.
- *Recruitment of a new provider.* To expedite the contracting process, providers recruited to fill a network gap are processed quickly through the use of provisional and expedited credentialing processes pending completion of the standard credentialing process. The health plan's Chief Medical Officer may approve provisional credentialing applications within 14 days of receipt of a provider's completed application if accompanied by the minimum required documentation. Once provisional credentialing is approved, UHCCP executes the provider contract, to allow payment to the provider, effective the date that the provisional credentialing is approved. Provisional credentialing turnaround timeframe will be less than 14 days. Following approval of the provisional credentials, the formal process of verification and committee review is completed. .

- Transportation of a member to a provider outside the member's community. If a member requires care and the member's needs cannot be met within their community, UHCCP may make arrangements for a member to receive needed care from a provider located in another community. This solution may be utilized until an appropriate provider is available within the member's community.

For members who have an established relationship with a provider outside of their community who choose to continue their care with that provider, UHCCP will arrange transportation, if needed, to ensure continuity of care.

Member choice and continuity of care are the values that UHCCP always strives to pursue with members and is paying particular attention to as part of this member transition. The approaches above are the typical approaches to ensuring member choice and continuity of care. However, if a member expresses that their needs are not met by the approaches above, as the detailed Transition Task Plan below shows, UHCCP will work with MHP to evaluate the longevity of a member's relationship with their provider and UHCCP will then create a continuity of care plan with that member.

D. Care Coordination

UHCCP's Member Transition Coordinator for the MIHS transition project is

➤ *Lisa Davis* 952-406-4134 lisa_g_davis@uhc.com FAX: 1-855-235-6779

UHCCP will utilize data provided by MHP/UAHP in the AHCCCS-defined DEF data exchange standards as well as data provided by MHP/UAHP as part of the standard ETI member transition data exchange process to identify members with special needs. UHCCP adheres to AHCCCS' policies outlining the coordination of care for members who transition between Contractors. Procedures are in place to maintain each member's continuity of care and provide additional or distinctive assistance to members with special or unique needs during the transition period. The transfer of information will begin 4 weeks prior to the go live date, allowing enough time to ensure all prior authorizations and services have been transitioned.

Members with the following diagnoses or significant medical conditions will require ongoing services and continuity of care. MHP/UAHP will provide the following information to UHCCP in the DEF data exchange format, ETI data exchange format and/or in custom reports that UHCCP and MHP/UAHP agree on:

1. Pregnancy (women who are identified as high risk and/or in the third trimester, or are within 30 days of their anticipated delivery date)
2. Need for major organ or tissue transplantation services which are in process
3. Chronic illness which has placed member in a high-risk category and/or resulted in hospitalization or placement in nursing or other facilities, and/or

4. Mental illness or substance abuse problems resulting in the need for behavioral health services
5. Member's diagnosed with Hemophilia, von Willebrand's Disease, or Gaucher's Disease who qualify for catastrophic reinsurance
6. High Need High Cost Program
7. Lock IN status
8. Court Ordered Treatment services
9. Behavioral Health Services
10. Case Management High Risk services
11. Children's Rehabilitative Services (CRS)
12. Chemotherapy and/or radiation therapy
13. Dialysis
14. Durable medical equipment including ventilators and other respiratory assistance equipment
15. Enteral/parenteral nutritional services
16. Home health services currently authorized
17. Major organ or tissue transplantation services which are in process and include the current stage and the stages completed
18. Early and Periodic Screening, Diagnosis and Treatment eligible members who have been identified as (1) having an elevated blood lead level or (2) a child receiving nutritional therapy through an Arizona State agency such as WIC
19. Ongoing care or specialist appointments for significant medical conditions, e.g., diabetes, asthma, pain control
20. Prescription medications with a cost > \$300.00/month
21. ALTCS home and community based services or institutional services
22. Bio Tech Reinsurance Covered Drugs
23. Procedures and/or therapies authorized on dates after the transition date, including post-surgical follow-up visits
24. Appointments with a specialist located out of the health plan service area

Based on data received from MHP/UAHP, prior to transition UHCCP will set up medically necessary transport on a scheduled basis for those members who require it.

In addition, UHCCP will monitor daily the following for the week prior to the transition and two weeks post transition:

1. Current inpatient admissions
2. Scheduled elective surgery(ies)
3. Skilled nursing facility admission. (Include number of days used in current fiscal year.)
4. Benefit limits

Based on the data received from MHP/UAHP, UHCCP will enter a matching authorization in the system to ensure continuity of services and provider payments. If necessary, UHCCP is prepared to waive authorizations to ensure a successful transition, for 90 days.

The transition team will work with staff members from departments involved with the member's transfer (e.g. Member Services, Case Management, Utilization Management, Prior Authorization, Network Management, Maternity Program, Developmental Disabilities, and Specialized Case Management/Behavioral Health, as applicable).

E. Staffing

UHCCP will ensure we have appropriate levels of staffing sufficient to conduct successful business operations through the completion of member transition. UHCCP will provide AHCCCS with progress updates on the status of the anticipated hiring needs to meet the transition requirements.

F. Communication

UHCCP will develop communications for Member Services and Provider Relations Staff. All scripts will be submitted to AHCCCS for approval prior to distribution to staff.

Transition Task Plan

Ref #	UHCCP - MHP Member Transition Action Plan	Lead(s) IM= Implementation Manager	Status	Target Date	Aug	Sep	Oct	Nov	Dec	Jan	Feb
								60 day check	90 day check	Go Live	
A Program Definition											
A1	Identify Key Stakeholders / Core Team	IM	Complete	Complete							
A2	Create / Finalize Business Vision Document for any needed IT changes	IT Architect	Complete	Complete							
A3	Complete analysis/projection of Reserve Requirements	Finance Lead	In Progress	10/17/2016							
A4	Review Performance Bond Requirements for additional membership	Finance Lead	In Progress	10/17/2016							
A5	Develop detailed Project Plan	IM	In Progress	10/17/2016							
A6	Schedule project kick-off meeting	IM	Complete	Complete							
A7	Determine & schedule regular meetings: Joint entity (e.g., MHP/UAHP/AHCCCS/UHCCP), Project Team, Steering Committee, etc.	IM	Complete	Complete							
A8	Data file transfer logistics: set-up QuickConnect, determine UAHP resource(s) to include	UHCCP, MHP	In Progress	10/17/2016							
A9	State Readiness Review Requirements, if applicable	UHCCP, MHP	TBD								
A10	Document Key Clinical Coordinator Contact List	UHCCP, MHP	In Progress	10/17/2016							
B Initiation & Planning											
B10	Research & Plan Open Enrollment Policy/Process per AHCCCS	AHCCCS, MHP, UHCCP	TBD								
B20	Determine initial membership file layout/format (basic member demographic and PCP information)	MHP, UHCCP	Complete	Complete							
B30	Send initial PCP assignment file to UHCCP	MHP	Complete	Complete							
B40	Send specialist file by count (to include PT and BH) of member seen 3+ times by zip code (use PCP file layout)	UAHP	Not started	10/18/2016							
B50	Send dental visits for last 12 months, list of dentists and number of visits in last 12 months, incl. zip code	UAHP	Not started	10/21/2016							
B60	Send dentist current assignments, dentists and number of members assigned, incl. zip code	UAHP	Not started	12/1/2016							
B70	Send pharmacy file, list of pharmacy utilization, volume by pharmacy for last 3 months by zip code (incl. Pharmacy name, NABP, address)	UAHP	Not started	10/11/2016							
B80	Send transportation utilization information for critical and regular/recurring users (e.g. dialysis patients) for direct outreach and rescheduling	UAHP	Not started	1/15/2017							
B90	Send transportation utilization information by member for outreach to members	UAHP	Not started	1/5/2017							
B100	Send list of members on authorized lodging	UAHP	Not started	1/5/2017							

Ref #	UHCCP - MIHS Member Transition Action Plan	Lead(s) IM= Implementation Manager	Status	Target Date	Aug	Sep	Oct	Nov	Dec	Jan	Feb
								60 day check	30 day check	Go Live	
B200	Identify provider network components and requirements for transition										
B210	PCP Gap Identification; Contracting & Credentialing	UHCCP Network PM	In Progress	10/17/2016	█	█	█				
B220	Specialist Gap Identification; Contracting & Credentialing	UHCCP Network PM	Not started	10/17/2016	█	█	█				
B230	BH Provider Gap Identification; Contracting & Credentialing	UHCCP Network PM	Not started	10/17/2016	█	█	█				
B240	Dental Provider Gap Identification; Contracting & Credentialing	UHCCP Network PM	Not started	10/17/2016	█	█	█				
B250	Determine gap providers to contract	UHCCP Network PM	In Progress	11/30/2016			█	█	█		
B260	Contract new providers	UHCCP Network PM		12/31/2016				█	█	█	
B270	Define report containing length of member relationship with remaining gap providers	UHCCP Network PM	Not started	10/31/2016			█				
B280	Evaluate remaining gaps based on length of relationship	UHCCP Network PM	Not started	11/30/2016				█	█		
B290	Create a continuity plan for members with long relationship with remaining gap providers (dependent on unredacted member data)	UHCCP Network PM	Not started	1/15/2017						█	█
B400	Misc										
B410	Develop Staffing plan & tasks (recruitment, hiring, onboarding, training) for impacted functional areas (e.g., Call Center, Claims, Prior Auth, etc.)	UHCCP Health Plan COO	Complete	Complete	█	█					
B420	Staffing assessment by position – due date 7/31/16 (completed)	UAHP	Complete	Complete	█						
B430	o Run out assessment, plan, and timeline – due date 6/22/16 (completed)	UAHP	Complete	Complete	█						
B440	o Run out cost proposal – due date 7/8/16 (completed)	UAHP	Complete	Complete	█						
B500	Policies Review										
B510	Benefit/Policy review	UHCCP Benefit Lead, MHP, UAHP	In Progress	10/17/2016			█	█			
B520	Formulary review	UHCCP Pharmacy Lead, MHP, UAHP	In Progress	10/17/2016			█	█			
B530	Prior Auth list review	UHCCP Clinical Lead, MHP, UAHP	In Progress	10/17/2016			█	█			
B600	Business Requirements Review										
B610	Review Newly Contracted Provider Pricing Requirements	UHCCP Pricing Analyst	Not started	10/17/2016			█				
B620	Determine historical claim file requirements: layout, process, timing and volume (received from AHCCCS) Assume DEXQTR file format	UHCCP Claims Lead, MHP, AHCCCS	Complete	Complete	█	█					
B630	Confirm that reporting requirements and our PG commitments to AHCCCS will not change	UHCCP Compliance Officer Report Team Lead CFO	Not started	10/17/2016			█				
B640	Review Clinical programs for impact	UHCCP Clinical Lead	In Progress	10/17/2016			█				
B650	Determine format for UAHP to provide grievance data 1/1/15 to current	UAHP	Not started	10/17/2016			█				
B700	Business Requirement Development										
B710	If applicable, draft Business Requirements for items list above	UHCCP IT PM	Complete	Complete	█	█					
B720	Obtain Approvals (from Business Stakeholders)	UHCCP IT PM	Complete	Complete		█	█				

Ref #	UHCCP - MIHS Member Transition Action Plan	Lead(s) IM= Implementation Manager	Status	Target Date	Aug	Sep	Oct	Nov	Dec	Jan	Feb
								60 day check	30 day check	Go Live	
C	Launch and Execution										
C100	Member Materials	Enroll Lead									
C110	Member Notification Letters (draft, approvals, processing & mailing) from MHP to members	MHP, UAHP	In Progress								
C120	Member Welcome Letters (draft, approvals, processing & mailing)	Enroll Lead									
C130	Draft letter, get approvals, processing & mailing	UHCCP Enroll Lead	Not started	1/15/2017							
C140	Determine other flyers to insert in Welcome Letter (Baby Blocks, Community Rewards, etc.)	UHCCP Enroll Lead, Marketing Lead	Not started	12/1/2016							
C150	ID Card Inserts (draft, approvals, timing). Card insert provides website link and Member Services # for obtaining a Member Handbook	UHCCP Enroll Lead									
C160	Determine any specialty flyers that will go out with ID cards (My Money connect, Health4Me, etc.)	UHCCP Enroll Lead, Marketing Lead	Not started	12/1/2016							
C170	Communicate with ID Card vendor on ID Card volume requirements & inserts	UHCCP Enroll Lead	Not started	1/7/2017							
C180	Updates to Website(s)	UAHP	Not started	1/7/2017							
C190	Updates to Website(s) completed for identified changes (e.g., Find-a-Doc, Provider Directories, etc.)	UHCCP Website Lead	Not started	1/7/2017							
C201	Send UHCCP member file with PCP listing (post open enrollment)	UAHP Enroll Lead	Not started	1/1/2017							
C220	Review Member/PCP listing	UHCCP Enroll Lead	Not started	1/5/2017							
C230	Determine exact matches	UHCCP Enroll Lead	Not started	1/5/2017							
C240	Work with MHP on non-matches for MHP clinic assignment; identify on list (goal is to manually assign 100%)	UHCCP Enroll Lead, MHP	Not started	1/12/2017							
C250	Assigning Members with current or identified UHCCP PCP										
C260	UHCCP generate master member/PCP listing	UHCCP Enroll Lead, IT PM	Not started	1/12/2017							
C270	Develop and test macro to assign members' current PCP	UHCCP Enroll Lead, IT PM	Not started	1/13/2017							
C280	Develop and test coordination process/script with main system ensuring members current PCP stored and prints on ID cards	UHCCP Enroll Lead, IT PM	Not started	1/12/2017							
C400	Member Continuity of Care (Per AMPM 520 and ACOM 402)										
C410	Determine formats and timing of files										
C420	Member - general data: decision - AHCCCS DEF files or spreadsheet, hybrid	UHC, MHP, UAHP, AHCCCS	Complete	9/27/2016							
C430	PT / Accumulators (not on DEF)	UAHP	Complete	9/27/2016							
C440	IP Hospital/SNF: AHCCCS Reporting Format / Spreadsheet	UHC, MHP, AHCCCS	Complete	9/27/2016							
C450	Member DEF data (DEF and/or spreadsheet/hybrid)										
C460	Send initial test file of redacted member data	UAHP, Reporting Lead	Not started	11/24/2016							
C470	Send test file of redacted member data	UAHP, Reporting Lead	Not started	12/14/2016							
C480	Send 1st unredacted file	UAHP, Reporting Lead	Not started	1/5/2017							
C480	Send 2nd unredacted file	UAHP, Reporting Lead	Not started	1/15/2017							
C490	Send 3rd unredacted file	UAHP, Reporting Lead	Not started	1/26/2017							
C495	Continue sending DEF files daily through 2/2	UAHP, Reporting Lead	Not started	1/27/2016 2/2/2017							

Ref #	UHCCP - MIHS Member Transition Action Plan	Lead(s) IM= Implementation Manager	Status	Target Date	Aug	Sep	Oct	Nov 60 day check	Dec 30 day check	Jan Go Live	Feb
C500	Exchange Grievance Information										
C510	Provide Grievance by Member - Freq of Complaints when > 4 / member / year (incl. member identifiers, freq of complaints, category of issue, comment)	UAHP	Not started	1/5/2017							
C520	Review grievance info for potential outreach to members regarding transition	UHCCP	Not started	1/5/2017							
C600	Reinsurance										
C610	Send 10/1 Reinsurance Log to UHCCP	UAHP	Not started	1/5/2017							
C620	Resubmit Reinsurance Log to AHCCCS	UHCCP	Not started	2/1/2017							
C700	Exchange PT Member Transition and Accumulator data (DEF and non-DEF)										
C710	Send PT member transition information (standard clinical member transition format)	UAHP	Not started	1/5/2017							
C720	Send PT claims accumulator spreadsheet (by member)	UAHP	Not started	1/15/2017							
C730	Review and take action on PT and accumulator data	UHCCP Clinical Lead	Not started	1/15/2017							
C740	Continue sending PT accumulator data through March 31	UAHP	Not started	4/31/2017							
C750	Review and take action on PT and accumulator data	UHCCP Clinical Lead UHCCP Claims Lead	Not started	4/31/2017							
C800	Exchange Additional Files needed for Clinical Coordination										
C810	Send IP Hospital / SNF Data (AHCCCS reporting/spreadsheet format)	UAHP	Not started	1/5-1/20/17 Weekly							
C820	Continue sending SNF data through Jan 6	UAHP	Not started	1/20-2/6/17 Daily							
C830	Send Justice System members	UAHP	Not started	1/5/2017							
C840	Send List of members who have <u>transitioned out of high need/high cost program</u>	UAHP	Not started	1/5/2017							
C850	Send List of members <u>in high need/high cost programs</u>	UAHP	Not started	1/5/2017							
C860	Send List of Active Transplant members	UAHP	Not started	1/5/2017							
C870	Send Lock-In Member Info	UAHP	Not started	1/6/2017							
C880	Take action based on data provided	UHCCP Clinical Lead	Not started	2/15/2017							
C900	Coordinate Care										
C910	Clinical review of data and care coordination activities per members' individual needs	UHCCP Clinical Leads	Not started	11/30/2016							
C920	MHP/UAHP and UHCCP Maternal Child Health (MCH) coordinators to discuss high-risk pregnancy members	MHP/UAHP, UHCCP Clinical	Not started	1/5/2017							
C930	Clinical coordinators transition other standard AMPM 520 high risk/high need	MHP/UAHP, UHCCP Clinical	Not started	1/5/2017							
C940	Review Vent members and information (from DEF)	UHCCP Clinical	Not started	1/6/2017							
C1000	Personalized Member Communication										
C1010	Determine criteria for identifying members for personal contact (e.g., HNHC, lock-in, BH Open Episode, Dialysis, etc.)	UHCCP Health Plan COO Clinical Lead	Not started	1/15/2017							
C1020	Develop script and materials; obtain approvals	UHCCP Enroll Lead	Not started	1/15/2017							
C1030	Determine outreach timeline and staffing needs based on volume of members	UHCCP Outreach Lead	Not started	1/15/2017							
C1040	Telephonic outreach to identified members	UHCCP Outreach Lead	Not started	1/8/2017							
C1100	Vendor Communication/Coordination										
C1110	Current Vendor Listing from UAHP	UAHP	Complete	Complete							
C1120	Compare UAHP Vendors to UHCCP	Vendor Manager	Complete	Complete							
C1130	Identify all vendors that require communication for new volume of membership	UHCCP Vendor Manager	In Progress	11/7/2016							
C1140	Determine and create information/data pertinent to identified vendors	UHCCP Vendor Manager	In Progress	11/15/2016							
C1150	Schedule meetings with vendors; determine if on-going meetings required	UHCCP Vendor Manager	In Progress	11/15/2016							
C1160	Work with vendors on coordination efforts or additional work required	UHCCP Vendor Manager	In Progress	1/15/2017							

Ref #	UHCCP - MIHS Member Transition Action Plan	Lead(s) IM= Implementation Manager	Status	Target Date	Aug	Sep	Oct	Nov	Dec	Jan	Feb
								60 day check	30 day check	Go Live	
C1200	Provider Communication Strategy/Training										
C1210	Determine Communication Strategy and Training delivery methods (written, in person, WebEx, website/portal, etc.) for new and currently contracted providers	UHCCP Provider Svc Lead	Not started	11/15/2016							
C1220	Develop / Deliver Communications	UAHP	Not started	11/15/2016							
C1230	Newly Contracted Providers										
C1240	Notification Letters (draft, approvals, processing & mailing)	UHCCP Provider Svc Lead	Not started	11/15/2016							
C1250	Review and Update (if needed) Training Materials (e.g., Provider Manual, Prior Auth Requirements, Case Management policies, Claims processing, Continuity of Care process, Clinical Programs, UHC Programs [e.g., Baby Blocks, Community Rewards])	UHCCP Provider Svc Lead	Not started	12/15/2016							
C1260	Conduct Training based on identified delivery method(s)	UHCCP Provider Svc Lead	Not started	1/1/2017							
C1270	Currently Contracted Providers										
C1280	Develop Communication Materials	UHCCP Provider Svc Lead	Not started	12/15/2016							
C1290	Communicate based on identified delivery method(s)	UHCCP Provider Svc Lead	Not started	1/1/2017							
C1295	PCP communication regarding any vendor change impacting their processes	UHCCP Provider Svc Lead	Not started	12/15/2016							
C1300	Other Communication/Training - Material Development and Delivery										
C1310	Internal: Call Centers (Member & Provider), Provider Advocates, Clinical Teams (Prior Auth, UM, CM, Transition Coordinators), Claims Processing, All Employees	UHCCP Health Plan COO	Not started	12/15/2016							
C1400	Community Partners										
C1410	MHIS to determine which Community and Behavioral Health Partners require communication	MHP	Not started	11/15/2016							
C1420	Community to partners	MHP	Not started	11/15/2016							
C1430	UHCCP determine Community Partners (e.g., myCommunity Connect Center, Chicanos Por La Causa, etc.) and Behavioral Health partners require communication	UHCCP Marketing/Community Outreach	Not started	12/15/2016							
C1440	Create and distribute Community Partner communication(s)	UHCCP Marketing/Community Outreach	Not started	1/1/2017							
C1450	Schedule/hold forums for Navigators, Promotoras, Enrolled Partners, etc.	UHCCP Marketing/Community Outreach	Not started	1/1/2017							
D	System Set-up & Testing										
D100	Receive and Load test Historical (DEXQTR) claim file	AHCCCS, UHCCP Reporting Lead	Not started	12/15/2016							
D110	New Providers - Fee Schedule and Pricing loading	UHCCP Network PM	Not started	12/30/2016							
D120	Historical (DEXQTR) Claim Files received, loaded, and integrated with HHNC data	AHCCCS, UHCCP Reporting Lead	Not started	1/15/2017							
D130	Required Clinical system updates (if applicable)	UHCCP Clinical PM	Not started	12/30/2016							
D140	MHP access to CommunityCare (provider access to see member care plans)	Clinical Lead, HP COO, MHP	Not started	12/30/2016							
D150	User Acceptance Testing / End-to-End (may include: vendors, Managed Care Organizations, State)	IT PM	Not started	12/30/2016							

Ref #	UHCCP - MIHS Member Transition Action Plan	Lead(s) IM= Implementation Manager	Status	Target Date	Aug	Sep	Oct	Nov	Dec	Jan	Feb
								60 day check	30 day check	Go Live	
E Go Live Prep											
E100	Set up weekly touchbase meetings to discuss DEF file results	MHP/UHCCP Care Coordinators	Not started	12/15/2016							
E110	Set up daily touchbase meetings to discuss DEF file results during last week of month	MHP/UHCCP Care Coordinators	Not started	12/15/2016							
E120	State Readiness Review	UHCCP Health Plan COO	Not started	TBD							
E130	Send current membership file to UHCCP (shortly before Go Live, Date TBD)	UAHP	Not started	1/23/2017							
E140	Reminder/updates to Call Centers	UHCCP IM	Not started	1/22/2017							
E150	Set up daily UM Touch base meetings (Inpatient, Skilled Nursing & Behavioral Health)	UHCCP Clinical Leads	Not started	1/22/2017							
E160	Set up daily touchbase meetings with MHP	UHCCP IM	Not started	1/22/2017							
E170	Last Daily 834 file load and processing (Medicaid Acute members)	UHCCP IT PM	Not started	TBD							
E180	Macro/main system coordination process to assign PCPs per listing	UHCCP Enroll Lead, IT PM	Not started	2/1/2017							
E190	Reconcile current Membership file to 834 load for final count	UHCCP Enroll Lead, IT PM	Not started	2/2/2017							
E200	ID card generation, review, mailing	UHCCP Enroll Lead	Not started	2/5/2017							
E210	Send Open PAs	UAHP	Not started	1/23/2017							
E220	Open Auth entry	UHCCP Clinical Lead	Not started	1/23/2017							
E230	Monthly 834 file load and processing	UHCCP IT PM	Not started	1/28/2017							
E240	First Daily 834 file load and processing	UHCCP IT PM	Not started	1/29/2017							
E250	Initiate Daily Post Go Live meetings	UHCCP IM	Not started	2/2/2017							
F Go Live											
F10	Monitoring via daily JOC meetings	MHP, UAHP, UHCCP	Not started	2/2/2017							
G UAHP Runout											
G10	Network, VBP, and vendor run out activities	UAHP	Not started	Through 12/31/18							
G20	Operations run out activities (includes: claims, call center, marketing, & G&A)	UAHP	Not started	Through 12/31/18							
G30	Quality run out activities	UAHP	Not started	Through 6/30/17							
G40	Compliance run out activities	UAHP	Not started	Through 12/31/18							
G50	Finance run out activities	UAHP	Not started	Through 6/18/18							
G60	Medical management run out activities	UAHP	Not started	Through 12/31/18							
G70	Health Plan Information Systems run out activities	UAHP	Not started	Through 12/31/18							