# Idaho Association of
# Developmental Disabilities Agencies

Idaho Association of Developmental Disabilities Agencies (IADDA)
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Senator Cameron (co–chairman), Representative Collins (co–chairman), and members of the Health Care Task Force, thank you for allowing me the opportunity to present on our overall experience in using the Medicaid Management Information System (MMIS), a.k.a. Molina Healthcare, including what is working and what isn't working.

My name is Corey T. Makizuru. I am the administrator of the first privately owned and operated Developmental Disabilities Agency in the state of Idaho and currently serve as the Secretary/Treasurer for the Idaho Association of Developmental Disabilities Agencies (IADDA).

On behalf of the Idaho Association of Developmental Disabilities Agencies (IADDA) which actively represents over forty (40) Developmental Disabilities Agencies in the state of Idaho that provides outpatient comprehensive assessments, diagnostic, and therapeutic services to children and adults with developmental and intellectual disabilities, I wish to convey several statewide reports and observations from our members.

Medicaid Management Information System (MMIS) has been working pretty well on processing claims and paying Developmental Disabilities Agency providers for rendered services. Overall the majority of agencies report that they have been receiving or received payments in the 98% to 99%–tile of submitted claims. In addition,

Molina Healthcare has made several improvements to their system. Therefore, the system and processes are

1. More reliable;
2. Establishing shorter call wait time with Customer Service Representatives;
3. Generating more informed and trained Customer Service Representatives, Provider Relations Consultants, and Researchers;
4. Allowing Provider Relations Consultants to be extremely helpful in answering questions and solving problem issues. Their team of individuals is researching and finding resolution, accordingly. They are getting back to providers and assisting them with system challenges;
5. Allowing Customer Service Representatives and Provider Relations Consultants to offer and provide payment–related assistance and problem–solving answers;
6. More predictable, e.g. slower claims processing on Thursdays, less system breakdowns, less claims pended and processed out of pended status quicker;
7. Offering provider trainings and individualized assistance;
8. Offering Developmental Disabilities Agency providers access to monthly conference calls with representatives from Molina Healthcare. The calls utilize the assistance of providers, system experts and billing managers that have a day–to–day and week–to–week relationship with individuals with disabilities to assist both Molina Healthcare Representatives and providers with resolutions. Collaborative and interaction is extremely appreciated by all; and
9. Paying claims more accurately and consistently for rendered services.

Nevertheless, Molina Healthcare needs to continue its efforts to remedy and enhance their system. The system and processes need to be

- ❶ More efficient by minimizing unnecessary and erroneous actions. In addition, there are too many steps, very time consuming, and cumbersome.
- ❷ More accessible to obtain accurate fiscal information.
- ❸ Being better prepared for system changes.
- ❹ Minimize provider enrollment problems by correctly identifying and designating Specialty Codes per provider type.
- ❺ Minimize problems with the Medicaid Management Information System (MMIS) portal. There are periods when the system disconnects while providers are online.
- ❻ Minimize problems by correctly identifying and designating which service code requires prior authorization numbers.

Before I exhaust my time, I would like to elaborate on three issues, e.g. (1) more efficiency; (2) accessibility of fiscal information; and (3) problems with the new Children's System Redesign (IDAPA 16.03.10.660–666 & 680–686)

- ❶ Please refer to the enclosed chart entitled Table 1: Actual Processed Claims. I have identified the number of claims submitted, total claims generated by Molina HealthCare, and the number of steps required to process those claims.

  **Black** column represents the number of claims submitted;
  Red column represents the total number of claims generated by Molina HealthCare; and the Green column represents the number of steps required to account for each submitted claim.

  - Molina Healthcare is generating multiple claims from original claims

In contrast, please refer to the next chart entitled Table 2: Model Processed Claims. As you can see, there is a dramatic difference between Table 1 and Table 2. The green column quantifies the amount of steps (work, claims, time) required to accurately reflect each claimed submitted.

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- ❷ Over the last five years, our Association has formally submitted cost containment and saving recommendations to the Idaho Department of Health and Welfare (IDHW). As we worked, in partnership, and identified the impact on people with disabilities, unintended consequences, and fiscal impact, in September 2011, we tried to obtain public fiscal records on the total units of service utilized and total expenditures for 2010 and 2011.
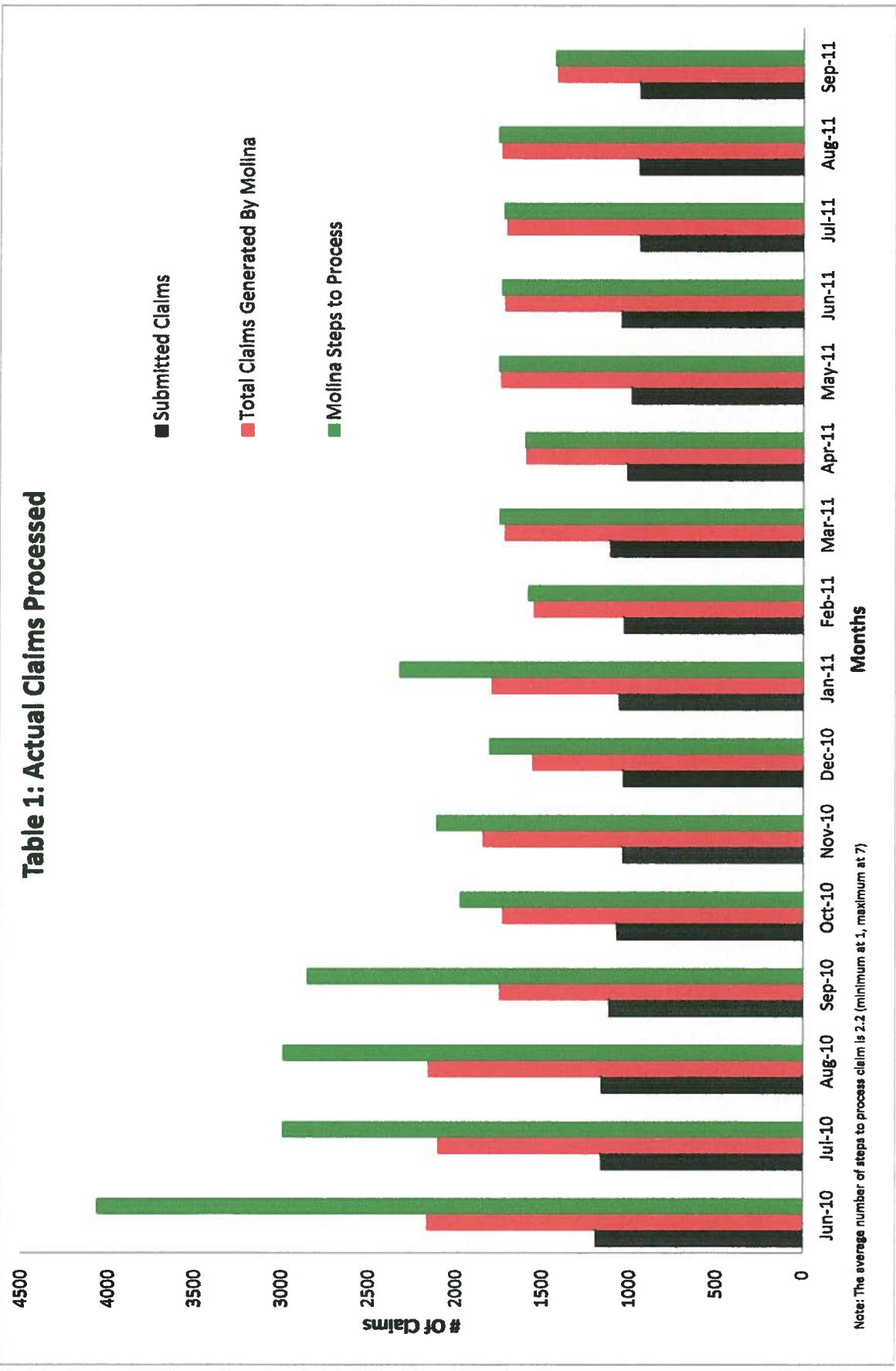
  Unfortunately, the Department was unable to complete our request because the Department was having system issues regarding such reporting. By report, once the issue is fixed we can resubmit our request. The anticipated time frame for this fix is middle December 2011.

We are concerned that the Department, with the Medicaid Management Information System, may not be able to access accurate fiscal information for cost management.

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- ❸ On July 1, 2011, the Department of Health and Welfare began the Children's System Redesign Services. Reports indicate that agencies began rendering services in October 2011. These agencies report that the system cannot pay providers for these services until all Enrollment Applications are completed, sent to the Department for verification, and returned to Molina for final processing. Unfortunately, the Department did not adequately inform providers of the guidelines and requirements.

In closing, we live in a great state which acknowledges and acts upon its compassion and responsibility to promote and protect the health and safety of all Idahoans. As a community, we made it a priority to help families in crisis situations as well as promote and protect vulnerable children and adults. Thank you for your diligence and service! I stand for questions.

# Table 1: Actual Claims Processed

**Legend:**
- Submitted Claims
- Total Claims Generated By Molina
- Molina Steps to Process

**Y-axis:** # Of Claims (0, 500, 1000, 1500, 2000, 2500, 3000, 3500, 4000, 4500)

**X-axis (Months):** Jun-10, Jul-10, Aug-10, Sep-10, Oct-10, Nov-10, Dec-10, Jan-11, Feb-11, Mar-11, Apr-11, May-11, Jun-11, Jul-11, Aug-11, Sep-11

Note: The average number of steps to process claim is 2.2 (minimum at 1, maximum at 7)

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# Table 2: Model Claims Processed



Legend:
- ■ Submitted Claims
- ■ Total Claims Generated By Molina
- ■ Molina Steps to Process

Y-axis (# Of Claims): 0, 500, 1000, 1500, 2000, 2500, 3000, 3500, 4000, 4500

X-axis (Months): Jun-10, Jul-10, Aug-10, Sep-10, Oct-10, Nov-10, Dec-10, Jan-11, Feb-11, Mar-11, Apr-11, May-11, Jun-11, Jul-11, Aug-11, Sep-11

Note: 1 claim, 1 step

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