

Molina Readiness Review

Molina Implementation

Background



On February 17, 2022, HHS released a request for proposal (RFP) to solicit responses from managed care organizations (MCOs) to provide Medicaid and Hawki services.

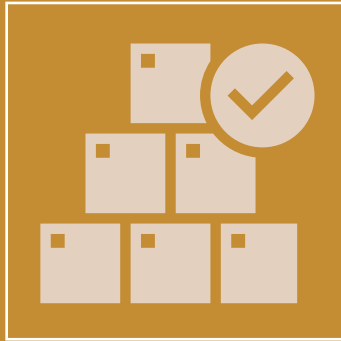


Through the RFP process, HHS selected two MCOs to provide services effective July 1, 2023. Amerigroup was selected to continue to provide services, and Molina Healthcare was newly selected to start providing services effective July 1, 2023.



According to Federal Regulations, a state must assess the readiness of each MCO that has not previously contracted with the state. As a result, HHS contracted with Health Services Advisory Group, Inc. (HSAG) to conduct a readiness review of Molina Healthcare, on behalf of HHS.

What is a Readiness Review?



A readiness review is a process to assess the MCO's preparedness and ability to effectively deliver managed care services.



A readiness review is typically conducted prior to onboarding a new MCO. It aims to identify strengths, weaknesses and areas for improvement within the MCO, ensuring that it meets the necessary requirements to provide quality care to its members.



What is a Readiness Review?

Part 2

Operational

- Reviews various aspects of the MCO's internal processes, systems, and administrative functions to ensure they are efficient, compliant, and capable of supporting the organization's goals and objectives.
- Availability of Services (Network Adequacy), coordination and continuity of care, grievance and appeals, quality assessment & performance improvement program, case management, quality improvement, utilization review, etc.

Financial Management

- The MCO's financial health and stability are assessed to verify that it has the necessary resources to fulfill its contractual obligations, pay providers promptly, and sustain its operations over time.
- Financial reporting & monitoring, solvency.

Information Systems

- The MCO's information systems and technology infrastructure are evaluated to assess their ability to support efficient operations, data management, claims processing, and communication with providers and members.
- Claims management, encounter data management, enrollment, etc.

Readiness Review Results



The readiness review included a desk review of documents related to operational, information systems, and financial management areas.



A three-day on-site review and a subsequent one-day virtual review to interview Molina of Iowa staff members and leadership managing key operational areas and supporting functions.



HSAG and HHS also observed system demonstrations of multiple information systems used by Molina of Iowa to support activities in applicable program areas and the outcomes associated with HSAG-developed claims testing scenarios.

Results for Operational Review

Molina has met all operational standards assessed in the readiness review and demonstrated sufficient operations and the capacity to provide services to members enrolled in the Iowa Medicaid managed care program.



Molina's network adequacy will continue to be monitored on a weekly basis.



HHS has built safeguards into the contract to ensure Molina's members are able to continue seeing their providers.

Standard		Requirements/Elements Assessed			Overall Readiness Status
		Number of Elements	Number Met	Number Not Met	
II	Member Rights and Member Information	38	38	0	Ready
III	Emergency and Poststabilization of Services	15	15	0	Ready
IV	Availability of Services	18	18	0	Ready
V	Assurances of Adequate Capacity and Services	9	9	0	Ready
VI	Coordination and Continuity of Care	21	21	0	Ready
VII	Coverage and Authorization of Services	45	45	0	Ready
VIII	Provider Selection	29	29	0	Ready
IX	Confidentiality	19	19	0	Ready
X	Grievance and Appeal Systems	42	42	0	Ready
XI	Subcontractual Relationships and Delegation	12	12	0	Ready
XII	Practice Guidelines	6	6	0	Ready
XIII	Health Information Systems	This program area was assessed through the Information Systems Readiness Review.			
XIV	Quality Assessment and Performance Improvement Program	40	40	0	Ready
XV	Program Integrity	19	19	0	Ready
Total		319	319	0	NA
Percent Met (No Action Required)				100%	
Percent Not Met (Action Required)				0%	

Results for Information Systems

- Molina has met all operational standards for information systems and data sources that contribute to Molina processing claims/encounter and enrollment data specific to the Iowa Medicaid managed care program.

Standard		Requirements/Elements Assessed			
		Number of Elements	Number Met	Number Not Met*	Overall Readiness Status
I	Enrollment Systems	5	5	0	Ready
II	Claims and Encounter Systems	4	4	0	Ready
XIII	Health Information Systems	16	16	0	Ready
Total		25	25	0	NA
Percent Met (No Action Required)				100%	
Percent Not Met (Action Required)				0%	

Standard	Number of Elements Reviewed	Number of Elements <i>Demonstrating Readiness</i>
Financial Reporting and Monitoring	5	5
Financial Solvency	7	7

Results for Financial Management

- Molina has met all the standards for Financial Solvency, indicating the MCO has the ability to meet its financial obligations and manage operations required under the Iowa Medicaid managed care program and its contract with HHS.

Questions?
