



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
BMS14028

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
BOB KILPATRICK
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BUREAU FOR MEDICAL SERVICES
 ROOM 251
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3709 304-558-1737

DATE PRINTED
06/12/2014

BID OPENING DATE: 06/25/2014

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
ADDENDUM IS ISSUED:						
1. TO PROVIDE A COPY OF THE PRE-BID CONFERENCE SIGN-IN SHEET FOR THE ABOVE SOLICITATION.						
2. TO PROVIDE A COPY OF TECHNICAL QUESTIONS AND ANSWERS. ADDENDUM QUESTIONS WITH ANSWERS SHEET IS ATTACHED.						
3. TO REVISE SPECIFICATIONS TO DELETE ITEM 5.10 (AND ALL FOUR SUB-ITEMS) FROM THE MANDATORY REQUIREMENTS						
4. TO POSTPONE BID OPENING DATE TO JUNE 25, 2014; BID OPENING TIME (1:30PM EST) REMAINS UNCHANGED.						
5. TO PROVIDE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
*****END OF ADDENDUM NO. 1*****						

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: BMS14028

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

Addendum #1 issued to:

1. Provide a copy of the Pre-Bid Sign-In Sheet
2. Provide answers to the submitted technical questions
3. Provide a revision which deletes the mandatory requirement 5.10 from the RFP
4. Provide the Addendum Acknowledgement

THE BID OPENING DATE IS POSTPONED TO JUNE 25, 2014. BID OPENING TIME REMAINS 1:30PM est

NO OTHER CHANGES

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

SIGN IN SHEET

Request for Proposal No. BMS14028

PLEASE PRINT

Page 1 of 3

Date: June 5, 2014

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>DHHR-BMS</u>	<u>350 Capitol St</u>	PHONE <u>304-558-1700</u>
Rep: <u>Tania Hardy</u>	<u>Room 251</u>	TOLL FREE
Email Address: <u>Tania.R.Hardy@wv.gov</u>	<u>Charleston, WV 25301</u>	FAX <u>304-558-4398</u>
Company: <u>DNR-BMS</u>	<u>350 Capitol St</u>	PHONE <u>304-558-1700</u>
Rep: <u>Jimmy Dowden</u>	<u>Room 251</u>	TOLL FREE
Email Address: <u>Jimmy.K.Dowden@wv.gov</u>	<u>Charleston, WV 25301</u>	FAX <u>304-558-4398</u>
Company: <u>DHHR-BMS</u>	<u>350 Capitol St</u>	PHONE <u>304-558-1700</u>
Rep: <u>Angelita Costo</u>	<u>Rm 251</u>	TOLL FREE
Email Address: <u>Angelita.L.Costo@wv.gov</u>	<u>Ches WV 25301</u>	FAX <u>304-558-4398</u>
Company: <u>DHHR-Sea Office</u>	<u>317 Davis Sq</u>	PHONE <u>304 558 6052</u>
Rep: <u>Jeff Wiseman</u>	<u>Out 100</u>	TOLL FREE
Email Address: <u>Jeff.A.Wiseman@wv.gov</u>	<u>Charleston WV 25301</u>	FAX
Company: <u>DHHR-Office of Purchasing</u>	<u>One Davis Square</u>	PHONE <u>304-957-0218</u>
Rep: <u>Robert Price</u>	<u>Suite 100 W</u>	TOLL FREE
Email Address: <u>Robert.L.Price@wv.gov</u>	<u>Charleston, WV 25301</u>	FAX <u>304-558-2892</u>

SIGN IN SHEET

Request for Proposal No. BMS14028

PLEASE PRINT

Date: JUNE 5, 2014

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>MAXIMUS</u>	<u>1891 Metro Center Drive</u>	PHONE <u>540 239 9760</u>
Rep: <u>Maggie O'Brien</u>	<u>Reston, VA</u>	TOLL FREE
Email Address: <u>MARGARETFOBRIEN@MAXIMUS.COM</u>		FAX <u>703 251 8240</u>
Company: <u>MAXIMUS</u>	<u>1891 Metro Center Dr.</u>	PHONE <u>703-508-2091</u>
Rep: <u>Allison Schulhof</u>	<u>Reston VA</u>	TOLL FREE
Email Address: <u>AllisonSchulhof@MAXIMUS.COM</u>		FAX <u>703 251 8240</u>
Company: <u>MAXIMUS</u>	<u>1891 METRO CENTER DR</u>	PHONE <u>412 608 0754</u>
Rep: <u>SUNAINA MENAWAT</u>	<u>RESTON, VA 20190</u>	TOLL FREE
Email Address: <u>Sunainamenawat@maximus.com</u>		FAX <u>703 251 8240</u>
Company: <u>for Maximus</u>	<u>300 KAWAHA BLVD., E.</u>	PHONE <u>304-340-3835</u>
Rep: <u>ALEXANDER MACIA</u>	<u>CHAS., WV 25301</u>	TOLL FREE
Email Address: <u>amacia@spilmanlaw.com</u>		FAX <u>304-340-3801</u>
Company: <u>TSG Consulting, LLC</u>		PHONE <u>304 345-1161</u>
Rep:		TOLL FREE
Email Address: <u>philshimer@tsgsolution.com</u>		FAX

SIGN IN SHEET

Request for Proposal No. BMS14028

PLEASE PRINT

Date: JUNE 5, 2014

*** PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD**

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>AUTOMATED HEALTH SYSTEMS</u>	<u>9370 MCKNIGHT RD - STE 300</u>	PHONE <u>412 367-3030 EXT 2216</u>
Rep: <u>SIM SMERDELL</u>	<u>PITTSBURGH, PA 15237</u>	TOLL FREE <u>1 800 892 1028</u>
Email Address: <u>JSMERDELL@AUTOMATED-HEALTH.COM</u>		FAX <u>412 367-1213</u>
Company: <u>Automated Health Systems</u>	<u>9370 MCKNIGHT RD</u>	PHONE <u>800 506-3032 X2024</u>
Rep: <u>Kimberly Conner</u>	<u>PITTS., PA 15237</u>	TOLL FREE <u>412 367-3030 X2024</u>
Email Address: <u>KCONNER@automatedhealth.com</u>		FAX <u>412 367-1131</u>
Company: <u>AUTOMATED HEALTH SYSTEMS</u>	<u>9370 McKnight RD</u>	PHONE <u>412-367-3030</u>
Rep: <u>JANET PRITCHARD</u>	<u>PITTSBURGH, PA 15237</u>	TOLL FREE
Email Address: <u>JPRITCHARD@AUTOMATED-HEALTH.COM</u>		FAX <u>412-315-2399</u>
Company: <u>Cognasante</u>	<u>8200 Greenbush Drive</u>	PHONE <u>859-416-6669</u>
Rep: <u>Russ Fendley</u>	<u>Suite 1206</u>	TOLL FREE
Email Address: <u>Russ.Fendley@Cognasante.com</u>	<u>McLean Va. 22102</u>	FAX
Company: _____	_____	PHONE <u>6/06/14 02:34:08PM</u>
Rep: _____	_____	TOLL FREE <u>West Virginia Purchasing Division</u>
Email Address: _____	_____	FAX



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minds on health

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Questions Request for Proposal West Virginia Enrollment Broker

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
1.		General	<p>Regarding interfaces and data sharing with the State.</p> <ul style="list-style-type: none"> • Can the state support SFTP (ftp over ssh) for secure data transmission? • How many electronic files will be needed to support the Enrollment operations? Please provide details on recipients, transmission modes, frequency, and so on. • Please describe the interfaces in detail. What are they and which direction(s) does data flow? Which interfaces are batch/file-oriented and which are real time/services oriented? 	<ul style="list-style-type: none"> • Files are sent to the enrollment broker via FTP with the fiscal agent. • Currently a weekly file is submitted to the enrollment broker via FTP and an auto assignment file is sent to the fiscal agent. The Bureau is inviting solutions to be provided by the vendor community. • There are weekly eligibility files sent and a monthly auto assignment file currently shared between the fiscal agent and the enrollment broker. They are sent in flat text format and compressed into a .ZIP file.
2.		General	<p>Does the information posted in the Procurement Library provide current and projected telephony volumes and metrics? If not, please provide volumes and metrics to aid in the estimation process</p>	<p>Attached is the monthly report that details statistics currently available.</p>
3.	23	4 (Non-MCO Covered Services)	<ul style="list-style-type: none"> • Does BMS anticipate including behavioral health services within existing MCOs or will new behavioral health plans provide services? • How will members in PAAS receive behavioral health services once these services are transitioned to managed care? • Will potential enrollees be auto assigned to behavioral health plans if they do not choose a plan? 	<ul style="list-style-type: none"> • BMS anticipates achieving the delivery of integrated behavioral, physical, dental, and pharmacy services for current and future populations enrolled in MCOs. • To be determined. • See the answer to the first bullet in Question 3.
4.	24	3.A.c	<p>Please clarify that the 7 years of experience means the vendor would have to be the prime vendor in the operation of an enrollment broker contract- responsible for the operation of the call center, document processing, and outreach associated with enrollment brokering.</p>	<p>Bidders are asked for information demonstrating (7) years of direct enrollment brokering experience.</p>

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
5.	25	4.1.3	Does BMS wish to retain the types of health status information currently captured on the enrollment form or does BMS wish to revise or enhance the currently collected information?	Items outlined in 4.1.3 are baseline fields. BMS encourages bidders to propose additional information and collection strategies that have proven useful and effective.
6.	25	4.1.3 (second paragraph)	Regarding vendor interfaces with the fiscal agent, please provide the number of data files that the fiscal agent will provide/send.	The fiscal agent provides a weekly potentially eligible file.
7.	26	4.1.4	Can BMS provide a list and samples of the types of information currently included in the enrollment packet?	Members are currently mailed a packet that includes a welcome letter, information sheet on the MCO available to them, Plan comparison chart and brochure about Mountain Health Trust The Bureau is inviting solutions to be provided by the vendor community.
8.	26	4.1.4	Does the fiscal agent provide a "daily" file of those who are eligible for managed care? If so, what types of information is included on the file and how is this file transmitted?	No.
9.	26	4.1.4	Please describe the plans for implementing a "passive enrollment" option for West Virginia.	BMS encourages bidders to propose a process for accommodating passive enrollment in the event such an approach is considered.
10.	26 28	4.1.4 4.1.11	The RFP indicates that the enrollment plan should include a process for mailing additional BMS or MCO created materials. The questions related to this provision include: <ul style="list-style-type: none"> • Are the materials required under this provision routinely sent materials and included in an existing mailing or are they more ad hoc in nature? • Will BMS and the MCOs provide the materials in hard copy or electronic form (that must then be printed)? How many different types of BMS/MCO materials have been typically mailed each month? Based on the last several years, what is the volume of these types of mailings by type and by month? 	More ad hoc in nature BMS endeavors to provide electronic copies. Enrollment packets are the only current mailings. There were 53,527 packets mailed from May 2013-April 2014. See above answer.
11.	27	4.1.7	What percentage of mail is currently returned?	Percentage of mail returned is not tracked. However, there was .05% returned mail from May 2014-April 2014.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
12.	27	4.1.9	What types of TPL information is the enrollment broker required to collect, and how is that information transmitted to BMS? Is TPL information stored in the enrollment broker system and then transmitted to BMS or is TPL entered into the State's system?	Currently the TPL information is obtained through the enrollment form. The Bureau is inviting solutions to be provided by the vendor community.
13.	27	4.1.10	Are vendors able to describe our proposed plan for outreach, education, and enrollment in our RFP response, followed by submission of a formal, written plan for BMS review and approval upon contract implementation; or is a formal, written plan required with the RFP response?	Bidders are not required to provide a formal, written plan but are encouraged to comprehensively describe the proposed approach.
14.	28	4.1.17	How many outbound documents are currently being mailed to consumers? Can the state provide a list of the types of documents that are mailed out?	See attached monthly report for all statistics available and tracked. See answer to Question 7 for list.
15.	28	4.1.13	When an address discrepancy is identified between enrollment forms (information) and State systems, is the enrollment broker's responsibility to: <ul style="list-style-type: none"> • Only report the discrepancy to BMS • Record or update any State system? If the enrollment broker must update a State system(s) will you specify which system or systems are updated? 	The enrollment broker notifies both BMS and the fiscal agent. The fiscal agent follows up with the state's eligibility vendor.
16.	28	4.1.17	On average, how many pieces of returned mail are re re-sent each month?	That information is not available.
17.	29	4.1.20	Please describe the concepts of "high quality health homes and patient centered medical homes" as they apply to West Virginia.	By design, the Health Home is to be a comprehensive system of care coordination for Medicaid recipients with chronic conditions. Health Home providers will coordinate all primary, acute, behavioral health and long-term services and supports to treat the "whole person" across his/her lifespan. Since the focus is on the whole person, all of the health care providers a person sees are part of his/her treatment team. Health Homes have proven to increase the individual's health while reducing medical cost.
18.	29	4.2.2	How is the enrollment broker notified about the need to enroll a newborn into the mother's MCO or PAAS provider?	The MCO is responsible for notifying the enrollment broker of a newborn. Babies born to mothers enrolled with a PAAS provider are not enrolled with the same provider.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
19.	29	4.2.3	Does BMS use lock-in periods to restrict when enrollees may transfer to another MCO, to another provider (if in PAAS), or between MCOs and PAAS without cause or can enrollees change at will? If restrictions exist will you provide more information about the length of the open enrollment, lock-in, and requirements you have for notifying enrollees about their annual right to make changes?	Lock in is only for the month of enrollment. Members may switch on a monthly basis.
20.	29	4.2.9	How frequently does the enrollment broker receive provider data in order to convey provider network information to enrollees and potential enrollees? Who is responsible for transmitting the provider information (e.g., MCOs, fiscal agent) and how is the information provided?	The enrollment broker is sent a monthly file of provider information from the MCOs and the fiscal agent for PAAS providers.
21.	30	4.2.19	The RFP indicates the enrollment broker must identify individuals with special health needs through a health assessment, conducted as part of the enrollment process. Are the questions on the enrollment form the ones used for the health assessment or is the health assessment a separate questionnaire? If it is a separate questionnaire, will BMS provide a copy of the currently used form?	The Health Assessment is currently part of the Enrollment form. The Bureau is inviting solutions to be provided by the vendor community.
22.	30	4.2.19	The RFP indicates that the fiscal agent forwards a copy of the health status assessment form and data to the MCOs. Confirm that the information is electronically provided (given it is entered into the MMIS) and there is no need for the enrollment broker to forward hard copy forms to the fiscal agent.	The enrollment broker will not provide a copy to the fiscal agent.
23.	30	4.2.19	Would we need to report on the health assessment information? Or does it just need to be entered into the MMIS system?	The enrollment broker would not report on the health assessment information. It will be entered in the MMIS system.
24.	30	4.2.19	Would the department entertain an electronic interface between our enrollment system and the states' MMIS system as an alternative to doing double-data-entry?	Bidders should propose the most effective solution.
25.	30	4.2.19	Can we assume that the state wants to ask all of the same questions regarding health conditions that they do today? Is the state amenable to changing them?	The Bureau is amenable to change. The Bureau is inviting solutions to be provided by the vendor community.
26.	30	4.2.19	What is the intent behind asking about health conditions? What actions need to be taken by the Enrollment Broker as a result of the health information?	This information helps the MCOs understand the needs of their members.
27.	31	4.3.3	Approximately how many individuals would need to be trained?	To be determined.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
28.	31	4.3.3	Does DHHR BMS anticipate that all training of DHHR BMS staff will take place in Charleston?	Vendors may propose a process for training. DHHR staff are located in all 55 counties.
29.	31	4.3.5	Once the fiscal agent receives all transactions will the enrollment broker receive a file containing accepted, and rejected transactions? If so, is this this file used to fulfill the following RFP requirement "For discrepancies identified, the Vendor should work with BMS to reconcile the monthly list of enrollees for each MCO, which may require extensive research. The Vendor should monitor reports from the fiscal agent and alert BMS regarding any discrepancies."	There is a report generated currently that is reviewed by the enrollment broker.
30.	31	4.3.6.1	What process will the enrollment broker follow to send new enrollments and other enrollment related transactions to the fiscal agent? For example, will the enrollment broker provide a daily file of new enrollments, plan and program changes, disenrollments, and case updates for incorporation into the MMIS?	All enrollments are direct data entered into the MMIS based upon cut off dates and program requirements.
31.	32	4.3.6.2	Could we get a screen shot of the MMIS enrollment screen?	Not applicable
32.	32	4.3.6.2	In the future, would the state be interested in (our more standard process) an electronic interface with the MMIS system or the health plans for enrollment?	Bidders are encouraged to propose solutions.
33.	32	4.3.6.2	Do we need a separate system to track enrollments?	The Bureau is inviting solutions to be provided by the vendor community.
34.	32	4.3.6.2	Does the MMIS system have reporting capabilities? If so, what are they?	The current MMIS system produces hundreds of reports.
35.	32	4.3.6.2	Would the enrollment vendor have access to the MMIS data for reporting purposes?	No
36.	32	4.3.6.2	The RFP indicates a need for the enrollment broker to learn the data entry screens within the MMIS, which allows members to be enrolled in a managed care plan or PCP and develop a linkage with RAPIDS to facilitate research. Other than the responses from the health assessment forms, are there any other types of information the enrollment broker will directly enter into the MMIS and/or RAPIDS? If so, please specify what type(s) of information must be entered into these systems.	All MCO enrollments and PAAS provider assignments are directly entered into the MMIS system. There is no data entered into RAPIDS. Research in the RAPIDS system occurs if members have questions about their eligibility dates for redeterminations.
37.	33 49	Attachment A	Each of these pages show two distinct requirements both labeled as 4.3.7.19. Is this a numbering error?	Yes.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
38.	34 and 51	4, Subsection 5.2 and Attachment B, 5.2	The RFP states: "The Vendor must agree to prepare and submit a draft implementation plan as part of its response." Should the Vendor include the actual implementation plan where it is requested in Attachment B?	Yes.
39.	37	Five, Attachment B instructions	The instructions in the RFP state: "...By signing and dating this attachment, the Vendor acknowledges that they meet or exceed each of these specifications as outlined in 4.5 of Section Four: Project Specifications." Section 4.5 on page 32 states: "The Vendor should propose a solution that may be extended to other State Agencies, United States Territory or political subdivision upon mutual consent by Vendor and entity." Could BMS please clarify the intended reference?	The Bureau is inviting solutions to be provided by the vendor community.
40.	40	Attachment A	Is it your intention that Vendors respond in the Attachment A form in the location provided that says "Vendor response:" or can we use our format to respond with headings title the same as Attachment A? If so, should the Vendor use the numbering of requirements (such as 4.1, 4.1.1, 4.1.2, etc.) in order that the response tracks exactly to the requirement numbering for ease of evaluation?	Responses should be produced in a format and with numbering consistent with Attachment A.
41.	41-42	Attachment A	Requirement 4.1.4 on page 41 is followed by paragraphs <u>4.1.4.8 through 4.1.4.14</u> . However, page 26 of the RFP labels these same sections as <u>4.1.4.1 through 4.1.4.7</u> . Please clarify the numbering inconsistency.	On Attachment A, 4.1.4.8 through 4.1.4.14 on 4.1.4 should be 4.1.4.1 through 4.1.4.7.
42.	43	4.1.9	What information does the state need about third party liability?	The Bureau is inviting solutions to be provided by the vendor community.
43.	46	4.2.19	<ul style="list-style-type: none"> Can the state provide additional information regarding the MMIS? Is this a web interface system, thin client Citrix platform, or mainframe system? Will the State allow a network communication using an internet site secure VPN tunnel for accessing the MMIS? 	<ul style="list-style-type: none"> The MMIS system is web based Details would be worked out with the successful vendor and the MMIS fiscal agent. The state does have a process in place to evaluate and approve vendor access utilizing VPN.
44.	47	4.3.6.2	<ul style="list-style-type: none"> Can the state provide additional information regarding RAPIDS? What is the version of RAPIDS? Is this a web system, thin client Citrix platform, or mainframe system? 	<ul style="list-style-type: none"> The RAPIDS system consists of COTS products and customization driven by the needs of DHHR. Therefore, the intent of the question would need to be clear what the objective is to provide the proper detail needed to perform a

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
			<ul style="list-style-type: none"> Will the State allow a network communication using an internet site secure VPN tunnel for accessing RAPIDS? 	<p>technical implementation</p> <ul style="list-style-type: none"> The RAPIDS front end is a web based delivery model leveraging an Oracle Enterprise Service Bus to establish its Service Oriented Architecture (SOA). Further interface detail should be provided regarding the scope of what is intended by this question. The state does have a process in place to evaluate and approve vendor access utilizing VPN.
45.	48	4.3.6.4	Does the auto-assignment algorithm need to exist in the vendors system? Or does it exist in the MMIS system?	In the enrollment broker system and a file is transmitted to the MMIS system.
46.	56	Attachment C	Please confirm that the "Total Section 2: Operational cost" amount is the total of all subtotals for operational years 1-5 (Attachment C page 57)	Confirmed
47.	56	Attachment C	How will the vendor be paid for the PMPM figures? For example, if the enrollment level is 250,000, will the vendor be paid one rate for the first 100,000, and a second rate for the next 100,000, and a third rate for the final 50,000? Or will the vendor be paid a single rate for all 250,000 members?	The vendor would be paid a single PMPM rate for all 250,000 members. Cost proposals should include tiered PMPM rates based on the membership bands
48.	6	Bid Submission	Please confirm electronic copies are not required for this bid.	Electronic copies are not required but the vendor may provide if they choose. Hard copies must be supplied.
49.	10	Contract Term; Renewal; Extension	This section states the initial contract period is for one year with the potential for four year extensions. Generally when we provide a bid bond of 5%, it would be for 5% of the contract term which is for one year. Accordingly, the bid bond should be for 5% of the first year costs. Or, does the State want a bid bond of 5% of the full five year cost which would be out of the ordinary bonding requirements? Please clarify.	Bid bond should be 5% for the first year.
50.	12	Required Documents Bid Bond	Because the bid bond is based on our price, please confirm that the bid bond should be included in the cost proposal and not the technical proposal.	Cost proposal.
51.	12	Required Documents, Proof of insurance	Should the bidder include evidence of workers' compensation insurance and commercial, property damage, and professional liability insurance as part of our proposal?	Documents may be submitted with the bid but only required prior to award to the successful bidder.
52.	17	Disclosure	If the bidder is submitting a redacted copy of the proposal, is this	BMS requires a copy that can be fully

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
			copy is separate from the original and convenience copies?	reviewed and scored. In addition, bidder may submit a copy marked "redacted" at its discretion. "Section 40. of the General Terms and Conditions provides express instructions on requesting exemption of any part of a proposal from public disclosure."
53.	22	Section Four: Project Specifications	The section under eligibility categories for enrollment states that beginning October 1, 2014 the State will expand the population of individuals with income under 138% of the Federal Poverty level. We understand there are estimated 150,000 potential eligibles in this category. Will all of these eligibles be enrolled at one time or is there a roll-out schedule that could be shared with prospective bidders?	Not at this time. To be determined.
54.	22	Section 4: Project Specifications	The section under managed care program expansion states the enrollment of SSI eligibles will be enrolled over a one year period. We understand there is an estimated 100,000 eligibles in this category. Is there an anticipated roll-out by county for the number of individuals who will be enrolled by month?	Not at this time. Schedule for integration has yet to be determined.
55.	27	4.1.11 Written and Visual Materials	The current video for the MHT program is out-of-date. Is the vendor required to develop and produce a new video? If so, how many copies of the video must the vendor produce and where will the video be shown.	Per 4.1.11, to be determined.
56.	3	Schedule of Events	4 business days have been allotted in the schedule between the Addendum of the RFP and the Bid Opening Date. In the interest of open & fair procurement, we respectfully request an extension of the Bid Opening Date. The extension will allow responders to appropriately address any required solution changes based on the outcome of the State's answers or additional information provided by the State.	The bid submission is being extended until June 25, 2014.
57.	23	Section 2	Please provide the average number of enrollees in each case / household.	This information is not available.
58.	24	Section Four: 3.A.c.	"Seven (7) years of direct experience with enrollment brokering functions in other states..." Is comparable experience outside of state enrollment brokering functions acceptable? This requirement severely limits the number of Vendors able to respond to this RFP. Would the State consider revising or removing this requirement to increase the number of qualified respondents and improve competition?	The Bureau is seeking vendors with (7) years direct enrollment brokering experience. No
59.	24	Section Four: 3.A.c	"...three (3) references of state work..." Please confirm the State will accept references of all government work, including local	The Bureau seeks references that will validate the scope of work.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
			government and federal government.	
60.	24	Section Four: 3.A.c	Are subcontractor qualifications accepted by the State to satisfactorily meet one or more experience/past performance requirements?	Bidders may outline qualifications they believe are relevant.
61.		General Section Four: 4.1	<p>Please provide the following historical data so that vendors can accurately access printing and fulfillment needs and costs:</p> <ul style="list-style-type: none"> - List of all letter / packet types, including enrollment forms, confirmation letters, additional materials created by BMS and/or MCOs - Contents of each type (BRE, pamphlet, letter, form, etc.) <ul style="list-style-type: none"> o Description (generic form, personalized letter, tri-fold pamphlet, etc.), size, color, and weight of each material included in mailings - Volume (daily, weekly, or monthly) for each mailing type, broken down by county and language - Volume of returned mail received for each mailing type, broken down by county and language - List of all electronic communications to enrollees and potential enrollees, including type of communication and volume. 	<p>Members are currently mailed a packet that includes a welcome letter, information sheet on the MCO available to them, Plan comparison chart and brochure about Mountain Health Trust.</p> <p>Mailings are tracked on monthly basis. Attached is a monthly report.</p> <p>There were 6,845 packets mailed in the month of April with 165 packets being returned. Returned mail is not tracked by county and language. There are currently no electronic communications to enrollees. Please note the Bureau is inviting solutions to be provided by the vendor community.</p>
62.	25	Section Four: 4.1.3	Please provide a list of current enrollment forms currently in production. Please confirm that BMS prefers vendors to develop new enrollment forms instead of using those that are already in production.	The Bureau is inviting solutions to be provided by the vendor community.
63.	25	Section Four: 4.1.3	How often is the eligibility file provided by the Fiscal Agent? How is the eligibility file currently submitted to the enrollment broker? What is the format of the eligibility file?	Currently there is a weekly file sent by the fiscal agent. Files are picked up via Molina secure FTP Server. The file is in a flat text format compressed into a .ZIP file.
64.	26	Section Four: 4.1.4	Please describe how the passive enrollment process differs from auto-assignment, and when each process would be used.	Bidders should propose a process to support passive enrollment should that approach be considered in the future.
65.	27	Section Four: 4.1.6	Please list the current enrollment options available to members, as well as the historical enrollment volumes by enrollment channel.	Current enrollment is accepted via telephone, web site and mail. Historical MCO enrollment can be found at http://www.dhhr.wv.gov/bms/mco/Pages/ManagedCareMonthlyEnrollment.aspx
66.	28	Section Four: 4.1.12	Please list the volume of educational presentations completed over the course of the current contract.	The Bureau considers daily visits and phone calls to be considered "educational presentations". We are inviting solutions to be provided by the vendor community.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
67.	28	Section Four: 4.1.13	<ul style="list-style-type: none"> - Where are enrollment forms and other materials submitted by applicants? - If a Post Office (P.O.) Box, will the current P.O. Box be transferred to the successful vendor? Is the P.O. Box currently owned and maintained by the State or by the current vendor? - Please confirm how the cost of the P.O. Box should be accounted for by the vendor. 	<p>Mailing address for the enrollment broker, telephone enrollment or web based enrollment.</p> <p>The Bureau does not own the PO Box currently in use by the enrollment broker.</p> <p>All operating costs should be accounted for in the bid submitted.</p>
68.	28	Section Four: 4.1.14	Given the State's Federally Facilitated Marketplace (FFM) shared model with CMS, and their deployment of In-Person Assistants, how does this role interact and/or support the enrollment broker benefits managers? How does the benefits manager role differ from the In-Person Assistant role?	Bidders should propose methods through which the two might interact if the bidder deems such information relevant.
69.	29	Section Four: 4.1.18	Is an enrollment assistance website currently available to West Virginia Medicaid beneficiaries? If so, please provide the web address. If so, will the ownership of the current site be transferred to the successful Vendor?	Web based enrollment is available at http://www.mountainhealthtrust.com/ . The Bureau does not own the website.
70.	29	Section Four: 4.2	<p>"...propose a plan for creating and operating a telephone unit." Historical data from the telephone unit is required for Vendors to best propose an appropriately sized and scaled telephone unit plan. Over the course of the current contact, please provide the following telephone unit statistics:</p> <ul style="list-style-type: none"> - Call volumes by day of the week, by hour - Volumes by other contact methods (email, web chat, etc.) - Average Handle Time (AHT) by inquiry type by contact method - Frequent inquiry types 	<p>Call volumes by day of week and hour, email and web chat are not available. Average enrollee hold time is: 08 seconds. Inquiry types are not "tracked" but range from MCO change to billing questions.</p> <p>Please see attached monthly report for available statistics.</p>
71.	29	Section Four: 4.2	<ul style="list-style-type: none"> - What are the expected hours of operation for the telephone unit? - What are the expected days of operation for the telephone unit? - What are the observed holidays by the telephone unit? 	Bidders should propose best practices for operation of the telephone unit.
72.	29	Section Four: 4.2.3	Are enrollees locked into an MCO or PAAS PCP for any period of time after their enrollment or auto-assignment, or are they able to make changes at any time?	Members are locked in for the month of enrollment.
73.	30	Section Four: 4.2.18	West Virginia Relay is a free public service that provides a communication link between standard telephone (voice) users and persons who are deaf, deaf-blind, hard of hearing and speech-disabled using text telephones (TTYs), captioned	Bidders should propose best practices and effective methods of communicating with all members.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
			telephone (CapTel) or personal computers via the Internet. Please confirm if the State approves of a partnership approach to providing Relay services through the already established West Virginia Relay organization.	
74.	30	Section Four: 4.2.19	<ul style="list-style-type: none"> - Please provide a copy of the current Health Assessment. - Please confirm that all data captured on the current Health Assessment is able entered in the MMIS; meaning does the current MMIS have fields configured to capture all required Health Assessment data elements. - Please confirm the enrollment broker vendor shall have access to perform data entry functions into the MMIS. - How is a copy of the health assessment form transferred to the BMS's fiscal agent? What is the format of the copy of the health assessment form? - Please confirm that the MMIS is the system of record. If so, please explain the value of double entering information into the MMIS and a data system supplied by the Vendor. 	The current Health Assessment is not applicable as it relates to the Mountain Health Choices program that is no longer in existence. The Bureau is inviting solutions to be provided by the vendor community. The enrollment broker staff will be required to direct data enter into the fiscal agent system.
75.	30	Section Four: 4.2.20	<p>Please provide historical telephone unit statistic information:</p> <ul style="list-style-type: none"> - Percent of telephone calls answered within four (4) rings - Maximum number of calls per operator in a queue - Wait time in the queue - Rate of abandoned/dropped calls 	Please see attached monthly report with all available statistics currently tracked and available.
76.	31-32	Section Four: 4.3.6	Please describe how the vendor will receive / access information on the MCO physicians and providers, and the PAAS PCPs.	The MCOs and Molina will send a provider file to the enrollment broker.
77.	31	Section Four: 4.3.6.1	<p>Is the vendor expected to maintain an enrollment system to track enrollments and changes? If yes, please provide:</p> <ul style="list-style-type: none"> - Frequency and type of file transmissions between the EB vendor, the MMIS vendor, and the MCOs where applicable <p>If no, please provide clarification on what functions will be performed in the vendor's databases / systems, and which will be performed in the MMIS or other State systems.</p>	The Bureau is inviting solutions to be provided by the vendor community.
78.	32	Section Four: 4.3.6.2	Please confirm the enrollment broker vendor shall have access to perform data entry functions into the MMIS	Yes
79.	32	Section Four: 4.3.6.3	Please confirm the successful Vendor is required to "identify any modifications needed" to the MMIS.	The vendor is to identify modifications needed and notify BMS and MMIS staff.
80.	32	Section Four: 4.3.6.4 & 5.9	If the enrollment broker is entering enrollment directly into the MMIS, please confirm if the auto-assignment algorithm is incorporated into the MMIS.	Auto assignment is performed by the enrollment broker and transmitted to the MMIS system.

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
81.	32	Section Four: 4.3.7.1 – 4.3.7.14 & 4.3.7.16 - 4.3.7.24	Please provide historical statistics, over the course of the contract, for each data element required in the snapshot of key activities.	Attached is a monthly report that has available statistics. The Bureau is inviting solutions to be provided by the vendor community
82.	33	Section Four: 4.4	Will proposed Key Personnel be contacted during the procurement, prior to the award of the successful vendor, for interviewing or any other purposes? If so, will the Key Personnel and Vendor be notified of the intent to interview in advance?	Key Personnel will not be contacted prior to the award of the successful vendor.
83.	33	Section Four: 4.4.1	<ul style="list-style-type: none"> - Please provide the list of positions that support the current enrollment broker operation. - Please provide the full-time equivalent number of staff currently performing the enrollment brokering functions. 	Contract Manager, 4 Field Staff, One Field Supervisor, 8 phone representatives and IT Staff based upon the broker's need to comply with contract.
84.	34	Section Four: 4.4.2	Will a Teaming Agreement that is fully executed by the Prime and Subcontractor that describes the work the Subcontractor will be performing and references that applicable flow down provisions from the Prime Contract suffice to meet the requirement for Section 4.4.2?	A copy of the agreement between the two parties should be provided that demonstrates the vendor's ability to comply with the proposal.
85.	34	Section Four: 4.5	Can the State please provide an explanation or background information related to the need to extend the West Virginia Enrollment Brokering Solution to other State Agencies, United States Territory or political subdivision? Is the current solution shared with any outside agencies, etc.?	At this time there are no other agencies, etc utilizing the enrollment broker. The Bureau is inviting solutions to be provided by the vendor community.
86.	34	Section Four: 5.2	<ul style="list-style-type: none"> - Please confirm the date of award. - Please confirm the contract start date. - Please confirm the go-live date for all enrollment brokering services by the successful vendor 	The Bureau cannot provide definitive dates. The procurement process will be followed and the successful vendor notified as soon as possible.
87.	34	Section 5.4	<ul style="list-style-type: none"> - Is the current toll-free and local telephone numbers utilized by the telephone unit expected to be transferred to the successful Vendor? - Is the ownership of the current telephone numbers under the State or the current Vendor? - Please list the toll-free numbers that require to be transferred. - Please confirm how the long distance charges for the toll-free number should be accounted for by the Vendor. 	<p>The Bureau does not own the current phone numbers.</p> <p>All operating costs should be included in the bid submitted.</p>
88.	35	Section 5.6	Please indicate how frequently the enrollment process or choices have historically changed within each county. Does BMS expect similar trends in upcoming years?	The enrollment process has only changed when the MCOs service area expands, new MCO enters the market or a new program is offered. The Bureau does expect similar

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
89.	49	Section 4, Subsection 4.4	<p>"All key staff should demonstrate past experience specifically related to this project."</p> <ul style="list-style-type: none"> - Is it the State's expectation that any proposed Key Personnel would have past experience specifically performing the functions of the West Virginia Enrollment Broker - OR is it the State's expectation for Key Personnel to possess experience that is relevant to the West Virginia Enrollment Broker scope of work. 	<p>trends to occur in the upcoming years.</p> <p>Experience that is relevant to the scope of work.</p>
90.	56-57	Attachment C: Cost Sheet	<p>Please define "PMPM":</p> <ul style="list-style-type: none"> - How will the membership population be determined? Is the membership calculated on an average enrollment of members over a period of time or current enrollment of members on a given day? - Please define who is included in the membership population; who is excluded from the membership population. Per "3. The payment will be based on only the Medicaid managed care population". However, the West Virginia Medicaid program serves non-managed care populations. How are these non-managed care enrolled populations accounted for in payment to the vendor? 	<p>The vendor would be paid a single PMPM rate for all members. Cost proposals should include tiered PMPM rates based on the membership bands. The enrollment broker would only enroll those members eligible under the Mountain Health Trust program.</p>
91.	56	Attachment C: Section 1	<p>Staffing is listed as item #1. and item #3. Please confirm if separate staffing costs are expected and if so, please confirm the expected separation of staffing costs.</p>	<p>It is an oversight. Staffing during the implementation period should only be accounted for once.</p>
92.	126	Bid Bond Preparation Instructions	<p>Can the State please provide an editable version of the Bid Bond Preparation Instructions in Microsoft Word or a dynamic PDF?</p>	<p>No.</p>
93.		General	<p>Please provide the current West Virginia Medicaid Enrollment by enrollment type.</p>	<p>Medicaid Enrollment is not tracked by type. See attached monthly report for all statistics available and tracked.</p>
94.		General	<p>Is the West Virginia Children's Health Insurance Program (CHIP) population included in the scope of this RFP?</p>	<p>No</p>
95.	35	5.10.1, 5.10.4	<p>This section references an annual letter to enrollees and a letter to enrollees once the information is entered. This would be a new requirement for the enrollment broker, who is currently not responsible for these mailings. Is the Vendor responsible for developing and sending these letters?</p>	<p>This requirement is being deleted</p>
96.	13	11	<p>In what section would the State prefer bidders to describe any exceptions, clarifications, or other modifications?</p>	<p>There is no preference.</p>

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
97.	40	Att A	Please clarify what is meant by "past projects completed"—does this include ongoing projects?	Please include all projects past and present if applicable to scope of work in RFP
98.	40	Att A	Please clarify if project manager refers to the vendor's or the state client's.	Vendor
99.	41	4.1.3, second paragraph	Will the eligibility file contain changes to eligibility in addition to newly eligibles?	The eligibility file contains members who are eligible for managed care enrollment.
100.	41	4.1.3, second paragraph	Will the eligibility file provide enrollment information as confirmation for the transactions that have been manually entered into the MMIS? If not, how can we confirm that an enrollment that has been manually entered into the MMIS has been accepted or rejected? Or, asked another way, how will we know that transactions entered manually into the MMIS have been accepted?	<ul style="list-style-type: none"> • No • The vendor should perform quality checks for enrollments entered into the MMIS
101.	41	4.1.3 second paragraph	Will an eligibility file containing the entire existing eligible population be produced for the initial start-up database load? If not, what will be the mechanism to provide the Enrollment Broker vendor a roster of the existing population?	The enrollment broker will not need a roster of the current enrolled population. All enrollments are stored within the MMIS system.
102.	43	4.1.10 and 4.1.11	Please clarify whether the proposed approach should be submitted as part of the proposal or after contract award.	The RFP asks for an approach to be proposed. The vendor should provide all relevant information for evaluation.
103.	43	4.1.11	Please estimate volume of outreach and education materials.	See attached monthly report with available statistics.
104.	44	4.1.20	Please clarify the relationship between the health homes and patient centered medical homes with the MCOs and PAAS.	Currently "patient centered medical homes" will be covered under the FFS program. MCOs will provide information to the member's patient centered medical home provider.
105.	46	4.2.13	Do the terms "service representatives" and "medical hotlines" refer to individuals and resources provided by the MCO and PAAS plans? If so, are the terms interchangeable or do they refer specifically to membership/coverage questions (service representatives) or to nurse/physician medical questions (medical hotlines)?	<ul style="list-style-type: none"> • No • The enrollment broker should be able to refer the member to the appropriate resources provided by the MCOs.
106.	46	4.2.13	Does BMS expect the Helpline Information Specialists to call these plan-provided resources with the enrollee on the line and either remain on the call or follow up later until the issue/complaint is resolved?	The Bureau is inviting solutions to be provided by the vendor community.
107.	47	4.3.5	Please estimate the number of forms for which discrepancies are found.	This information is not available.
108.	48	4.3.7.9	Please clarify whether "application" refers to "enrollment form".	Enrollment forms

Ref #	RFP Page #	RFP Section Reference Number	Question	RFP Response
109.	52	5.6	Please estimate the volume of changes and number of counties impacted by changes.	See attached monthly report with available statistics.
110.	53	5.9	Please indicate how the vendor will be able to ascertain the current PCP affiliation.	The Bureau is inviting solutions to be provided by the vendor community.
111.	56	Att C	Is it the State's intention for the Bidder to submit its Cost Proposal directly in the Attachment C: Cost Sheet ?	Bidders should use the Attachment C: Cost Sheet for their Cost Proposal. Understand that Cost Proposals provided in alternate formats may be difficult to compare to those submitted using Attachment C: Cost Proposal. Vendors should address each element of the Cost Sheet, even if it is to indicate that the element is not being bid.

RFP Section	Current RFP Language Reads:	RFP Language Updated to Read:
5.10	<p>5.10 The Vendor must meet all relevant requirements under 42 CFR 438.100 and 42 CFR 438.10 found in Exhibit B including furnishing the following information to all managed care and PAAS program enrollees:</p> <p>5.10.1 Notify all enrollees of their disenrollment rights, at a minimum annually;</p> <p>5.10.2 Notify all enrollees, at the time of enrollment, of the enrollee's rights to change providers or disenrollment for cause;</p> <p>5.10.3 Notify all enrollees of their right to request and obtain the information listed under 42 CFR §438.10 found in Exhibit B, at least once a year; and</p> <p>5.10.4 Furnish to each of its enrollees the information specified under 42 CFR §438.10(g) found in Exhibit B within a reasonable time after enrollment.</p>	This requirement is being deleted

West Virginia
Health Benefits Manager
Mountain Health Trust

April 2014

Monthly Status Report

Submitted by Automated Health Systems

May 14, 2014



JOSEPH W. NOCITO
CHIEF EXECUTIVE OFFICER

405 CAPITOL STREET, SUITE 406, CHARLESTON, WV 25301 • (304)345-0436 • (304) 345-1581 FAX

May 14, 2014

Brandy Pierce
Director of Managed Care and Procurement Services
Department of Health and Human Resources
350 Capitol Street, Room 251
Charleston, WV 25301

Subject: West Virginia Health Benefits Manager Monthly Status Report – April 2014

Dear Ms. Pierce:

This letter and enclosed documents represent activity performed by Automated Health Systems for April 2014 in support of the West Virginia Health Benefits Manager Project. Please let me know if you have any questions or comments about the information provided in the report. I look forward to hearing from you.

Sincerely,

A handwritten signature in cursive script that reads "Janet K. Pritchard".

Janet K. Pritchard, MPA, MSW
Interim Project Manager



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Section I – Executive Summary

As the Program Administrator for the West Virginia Health Benefits Manager Project, Automated Health Systems (AHS) is pleased to submit the April 2014 Monthly Status Report in accordance with the Project's reporting timeline. The report includes trending data and analyses of Helpline and Field operational activities for the Mountain Health Trust (MHT) Program. In addition, a rolling 12 month data report is included as Appendix A.

Spring Provider Workshops

BMS requested that AHS participate in the Spring Provider Workshops sponsored by the WV Bureau for Medical Services (BMS) and Molina Medicaid Solutions scheduled for the last week in April and the first week of May. The Outreach and Education Specialists and the Outreach and Education Supervisor along with the Project Manager were in attendance at each location to answer questions and staff a display table with information about the Mountain Health Trust Program. Field staff also promoted the workshops with the provider community and encouraged them to register for the workshop online, by email, fax or mail. Workshops in April included the cities of Martinsburg, Wheeling, and Morgantown with four additional workshops scheduled for Roanoke, Beckley, Huntington and Charleston in May.

Mountain Health Trust Contract Extension

Mid month, AHS was pleased to receive notification that its West Virginia Health Benefits Manager Contract was extended from June 1, 2014 through November 30, 2014. AHS submitted the required MED 96 & Affidavit agreement and a letter agreeing to the contract extension under the same terms and conditions as the original contract. We look forward to continuing our work for the Mountain Health Trust Program.

Medicaid Adult Expansion Group

AHS notified the state that several members in the Medicaid Adult Expansion Group in Cabell were auto-assigned to a PAAS provider. Following clarification from BMS, Molina created new rules to exclude them from the PAAS Program.

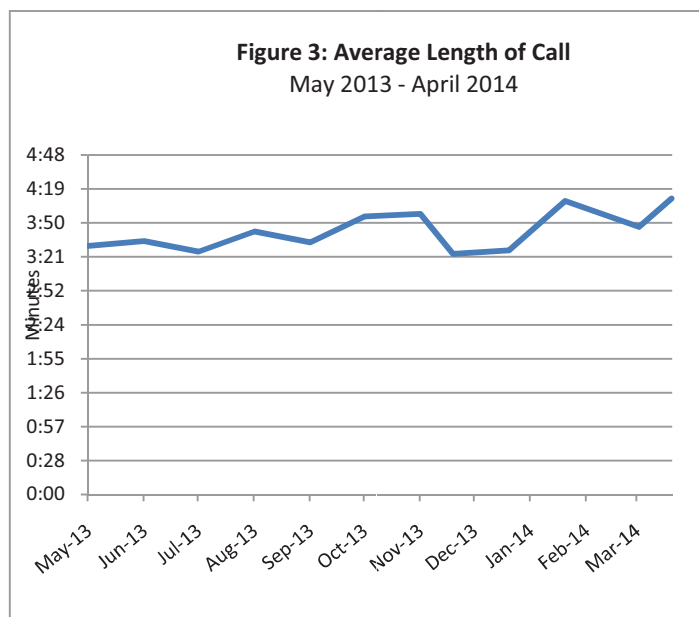
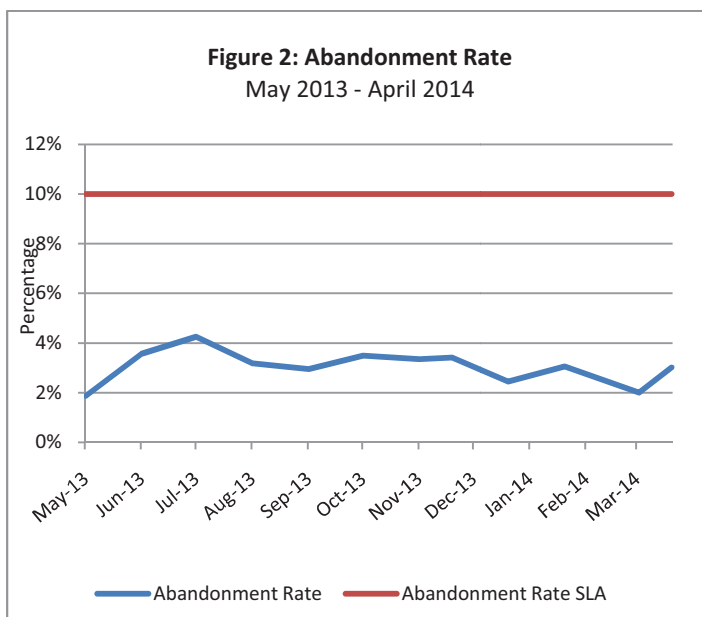
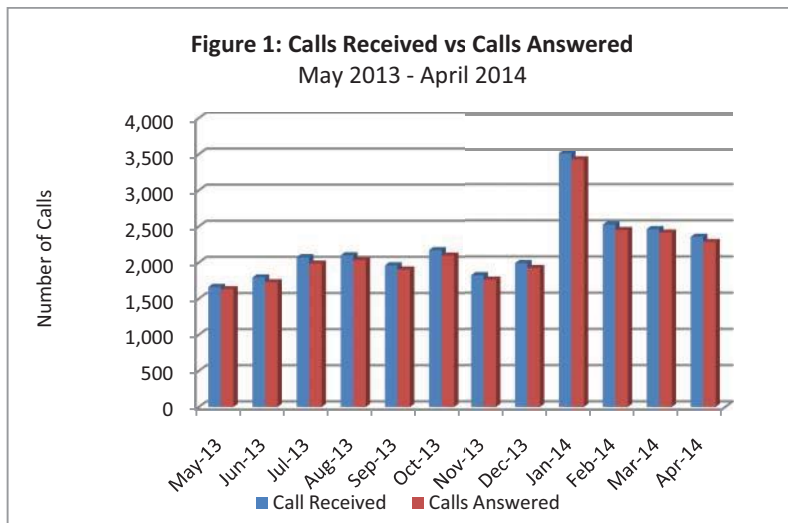
The following sections provide outcomes and trending data for key project management activities during the month of April.



Section II - Call Statistics

The MHT Helpline received 2,349 calls in April, 107 fewer calls than were reported for March 2014. Of the calls received, 2,278 were successfully answered. The abandonment rate for April was 3.02% (Figure 2). The average hold time was 0:07 with the average length of call at 4:11 (Figure 3). All call center metrics met or exceeded service level agreements.

Exhibit 1: Call Center Statistics – Apr. 2014	
Calls Received	2,349
Calls Answered	2,278
Abandoned Calls	71
Abandonment Rate	3.02%
Average Length of Call	4:11
Average Enrollee Hold Time	0:07
Busiest Day of the Month	Apr-8





Call Statistics by Operator

Exhibits 2 and 3 detail the weekly number of calls received, number of calls answered, average length of call, and average queue for each operator. The daily detail for each operator is provided in Appendix A.

Exhibit 2: Daily Call Statistics by Operator – April 2014																
Date	Number of Calls Received								Number of Calls Answered							
	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 11	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 11
Week 1	65	71	71	46	64	0	31	3	64	70	69	44	63	0	30	3
Week 2	78	135	125	101	98	11	58	100	74	131	119	96	95	10	57	98
Week 3	80	115	87	51	88	16	44	67	76	112	86	48	83	14	42	63
Week 4	56	76	71	56	57	12	35	53	56	76	70	53	57	12	35	52
Week 5	46	46	53	45	56	14	22	46	45	46	49	43	55	14	22	46
Total	325	443	407	299	363	53	190	269	315	435	393	284	353	50	186	262

Exhibit 3: Daily Call Statistics by Operator – April 2014																
Date	Average Length of Call								Average Queue Time							
	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 11	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 10
Week 1	2:27	3:09	5:10	4:52	3:24	0:00	5:05	2:33	0:07	0:04	0:08	0:07	0:12	0:00	0:05	0:07
Week 2	2:47	3:20	5:54	4:25	4:24	4:12	6:14	4:14	0:05	0:08	0:06	0:05	0:09	0:08	0:06	0:06
Week 3	2:21	3:26	5:16	5:02	4:05	3:24	5:53	4:17	0:06	0:08	0:05	0:05	0:09	0:08	0:04	0:04
Week 4	2:34	3:19	4:58	4:00	4:14	6:03	5:46	4:21	0:06	0:10	0:07	0:05	0:08	0:09	0:06	0:04
Week 5	2:36	2:27	5:11	4:06	3:55	3:47	5:17	4:48	0:06	0:04	0:07	0:05	0:07	0:19	0:03	0:04
Average	2:33	3:08	5:18	4:29	4:00	4:21	5:39	4:02	0:06	0:07	0:06	0:05	0:09	0:11	0:05	0:05

Note: New this month is the addition of Operator 10 to the Call Statistics by Operator Report. This Part Time position is new for the project and provides additional telephone support from 10:00 am to 2:00 pm Monday through Friday.

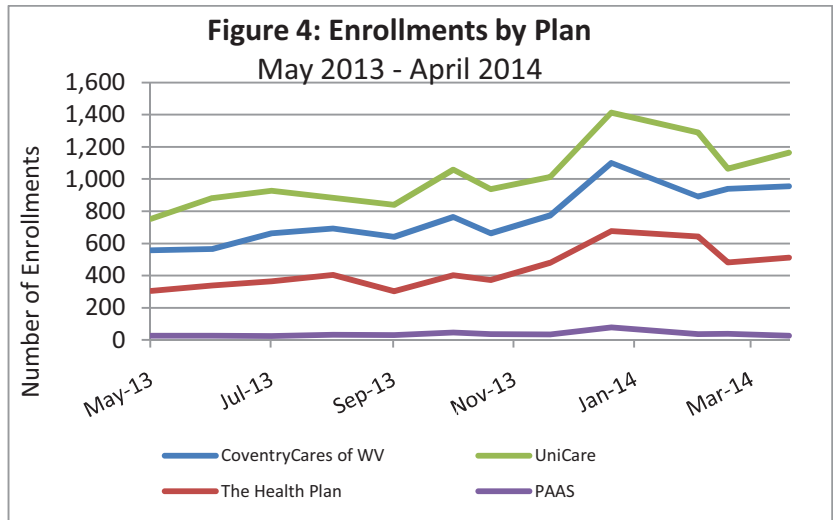


Section III - Mountain Health Trust

Enrollments

New enrollments for April 2014 totaled 2,658- 136 more enrollments than were processed in the previous month. Exhibit 4 details enrollment figures by week for each plan and trends enrollments for each plan over the last 12 months. Exhibit 5 displays the rolling 12 month data for enrollments by plan and details the source from which AHS received the enrollment. Of the 970 written enrollments received this month, 121 were received through the website as online enrollments. Total enrollments averaged 2,262 per month over the 12 month rolling period.

	PAAS	HP	CC of WV	UniCare	Total
Week 1	2	101	169	247	519
Week 2	7	163	228	275	673
Week 3	7	108	215	261	591
Week 4	10	140	344	381	875
Total	26	512	956	1,164	2,658

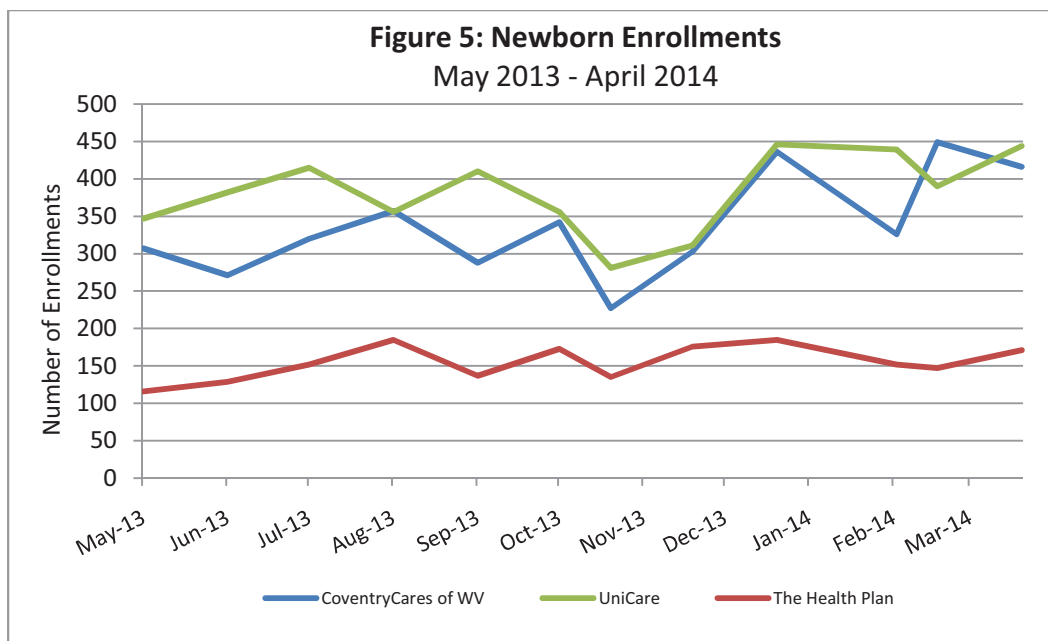


	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Coventry Cares of WV													
Phone Enrollments	99	142	165	145	184	217	217	267	310	229	196	273	2,441
Written Enrollments	152	152	181	191	168	205	218	204	354	337	294	267	2,723
Newborn Enrollments	307	271	320	357	288	342	227	303	436	326	449	416	4,042
Total Coventry Enrollments	558	565	663	693	640	764	662	774	1,100	892	939	956	9,206
The Health Plan													
Phone Enrollments	77	91	88	110	68	106	92	129	160	163	117	99	1,300
Written Enrollments	112	119	125	110	98	124	145	175	331	327	217	242	2,125
Newborn Enrollments	116	129	152	185	137	173	135	176	185	152	147	171	1,858
Total Health Plan Enrollments	305	339	365	405	303	403	372	480	676	642	481	512	5,283
Unicare													
Phone Enrollments	189	283	270	270	222	346	322	372	440	305	276	270	3,565
Written Enrollments	217	217	242	257	207	357	335	330	527	546	398	450	4,083
Newborn Enrollments	347	382	415	356	410	356	281	311	446	439	390	444	4,577
Total UniCare Enrollments	753	882	927	883	839	1,059	938	1,013	1,413	1,290	1,064	1,164	12,225
PAAS													
Phone Enrollments	14	20	18	18	22	20	18	20	59	26	27	15	277
Written Enrollments	12	7	6	13	8	25	18	13	19	10	11	11	153
Total PAAS Enrollments	26	27	24	31	30	45	36	33	78	36	38	26	430
Total Enrollments	1,642	1,813	1,979	2,012	1,812	2,271	2,008	2,300	3,267	2,860	2,522	2,658	27,144

Newborn Enrollments

Exhibit 5 (above) also includes newborn enrollments for each of the last 12 months. Exhibit 6 (below) provides the weekly breakdown of newborn enrollments by plan. In the month of April, 171 newborns were enrolled with The Health Plan, 416 newborns were enrolled with CoventryCares of West Virginia, and 444 newborns were enrolled with UniCare, for a total of 1,031 newborn enrollments. AHS Helpline staff continues to supplement the MCO newborn form enrollment process using the weekly newborn enrollment file for early identification and enrollment of newborns.

Exhibit 6: Newborn Enrollments – Apr. 2014				
	The Health Plan	CC of WV	UniCare	Total
Week 1	25	52	88	165
Week 2	50	39	48	137
Week 3	33	112	126	271
Week 4	63	213	182	458
Total	171	416	444	1,031





Enrollment Changes

Exhibit 7 shows member enrollment changes for members transferring from one plan to another. Of the MCOs and PAAS, only CoventryCares had more members transfer “from” their plan than “to” their plan in April.

Figures 6 and 7 show member changes ‘to’ and ‘from’ each MCO over the last 12 months.

Exhibit 7: Enrollment Changes – April 2014								
	‘To’ CC of WV	‘From’ CC of WV	‘To’ The Health Plan	‘From’ The Health Plan	‘To’ UniCare	‘From’ UniCare	‘To’ PAAS	‘From’ PAAS
Week 1	30	51	7	10	46	29	8	1
Week 2	27	33	3	10	31	22	4	0
Week 3	17	35	18	4	28	23	0	1
Week 4	41	47	9	8	45	45	7	2
Total Changes	115	166	37	32	150	119	19	4

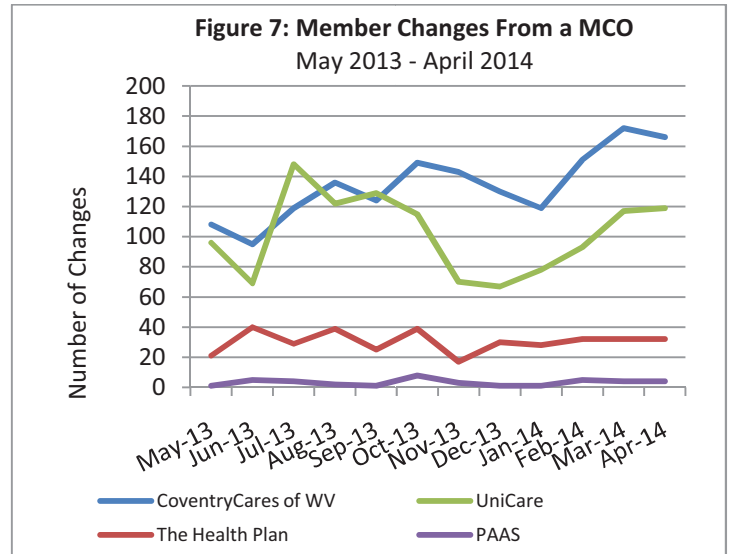
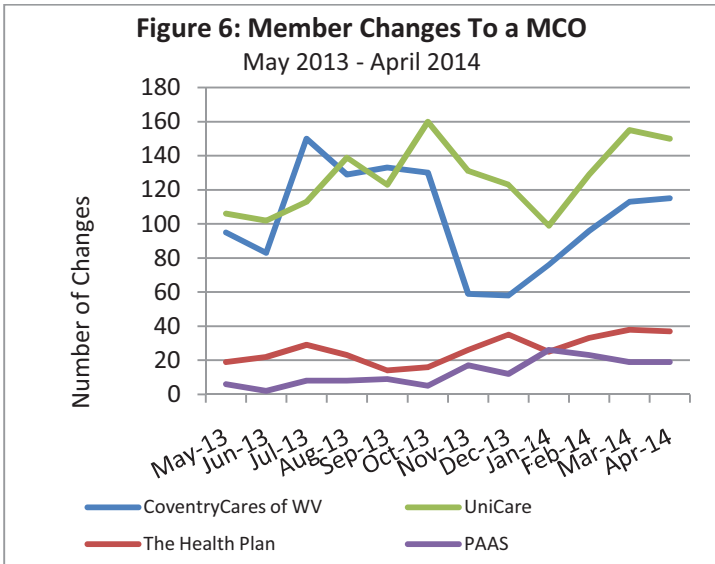


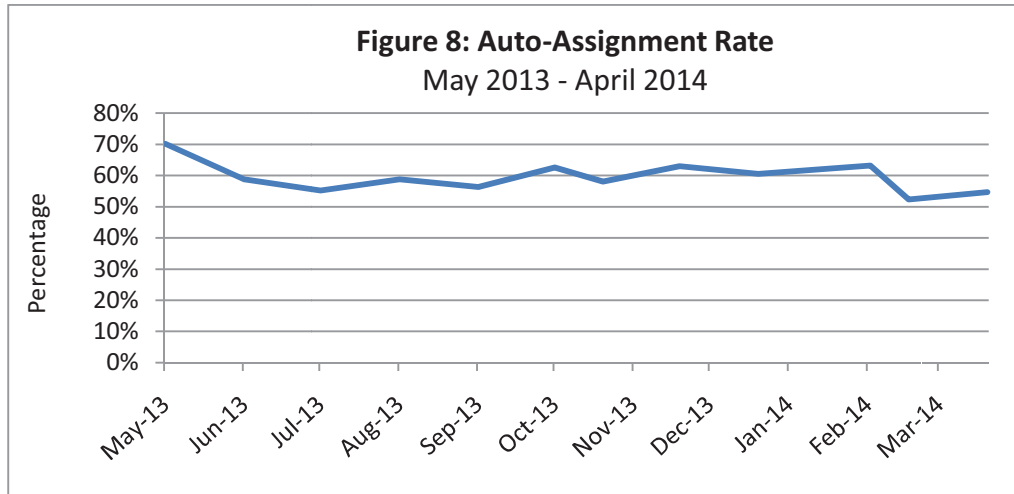
Exhibit 8 displays the most common reasons cited for enrollment changes. Lack of provider participation continues to be the top reason that members switch MCOs.

Exhibit 8: Top Reasons for Enrollment Change from Plan – April 2014				
	CC of WV	The Health Plan	PAAS	UniCare
Provider Not in Plan	104	19	2	75
Doctor Recommended	23	1	1	18
Auto-Assigned	22	6	0	11
Written Enrollments	7	4	0	10



Auto-Assignment

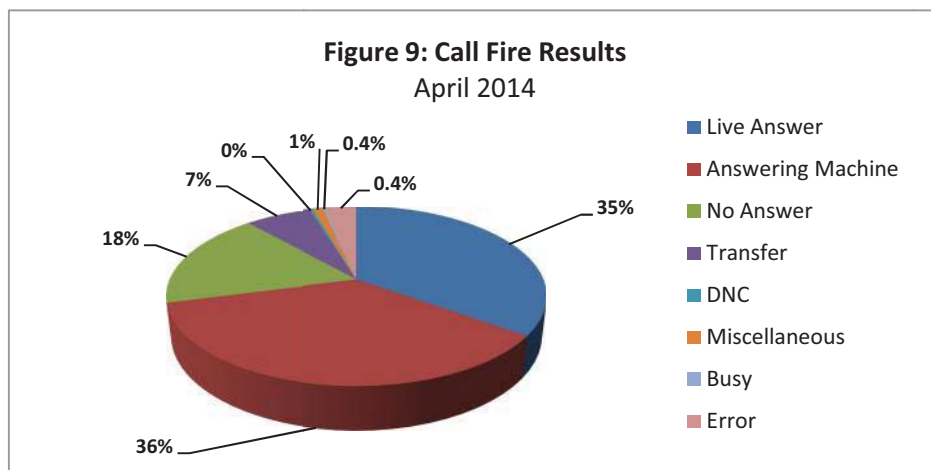
The auto-assignment rate for the month of April is 54.6% - up slightly from what was reported in March 2014.



In April, 2,595 members who were scheduled to be auto-assigned effective May 1, 2014 were selected for the Call Fire campaign. As a result, 151 members that were outreached through Call Fire contacted the helpline to choose their MCO prior to auto-assignment.

This table (Exhibit 9) details the results of the campaign by call disposition.

Exhibit 9: Call Fire Results Auto-Assignment Campaign April 2014									
	Live Answer	Answering Machine	No Answer	Transfer	Do Not Call	Misc.	Busy	Error	Total
Total	906	934	454	176	9	28	7	81	2,595





Section IV – Mailings

AHS mailed a total of 6,645 pieces of mail for the MHT program in April. Exhibit 10 breaks out the member mailings by type. There were 165 pieces of returned mail. AHS conducted outreach on all returned mail by attempting to obtain a valid address or by contacting the member by phone.

Exhibit 10: Member Mailings – Apr. 2014	
Enrollment Packets	6,845
Reminder Letters	2,158

Enrollment mailings are broken down into phases. The phases are based upon the MCOs that are available within each county. Exhibit 11 details the mailings by phases for MHT through April 2014. Although the MHC Program ended effective, January 1, 2014, Exhibit 11 will continue to display the MHC data for the previous months as part of the rolling report.

Exhibit 11: Enrollment Packets Mailed – April 2014													
	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Phase 2	233	183	196	268	182	277	208	171	517	412	188	559	3,394
Phase 4	1,275	1,013	1,056	1,419	1,215	1,740	1,138	1,170	3,747	3,102	1,370	4,225	22,470
Phase 8	720	550	541	811	671	962	589	604	2,109	1,487	682	2,061	11,787
Phase 10	0	0	0	0	0	0	0	0	0	0	0	0	0
Mountain Health Choices													
Phase 12	112	77	710	121	92	108	117	118	0	0	0	0	815
Phase 14	713	584	534	859	708	695	709	808	0	0	0	0	5,610
Phase 18	476	408	351	591	497	489	463	484	0	0	0	0	3,762
Phase 20	0	0	0	0	0	0	0	0	0	0	0	0	0
Caretaker Relative													
Phase 22	30	30	25	48	34	157	44	53	0	0	0	0	421
Phase 24	213	168	178	261	226	1,407	342	436	0	0	0	0	3,231
Phase 28	141	107	118	161	164	850	233	263	0	0	0	0	2,037
Phase 30	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3,913	3,120	3,069	4,542	3,789	6,685	3,843	4,107	6,373	5,001	2,240	6,845	53,527



Section V – Field Activities

Field staff continued their outreach to DHHR, providers, and pharmacies during the month of April. They participated in monthly meetings of the Family Resource Network in a number of counties in addition to attending a variety of committee and task force meetings. Multiple community baby showers were attended in all regions. Outreach also included a booth at the Molina Provider Workshops in Martinsburg, Wheeling, and Morgantown as well as a booth at the Spring Family Medicine Conference held in Charleston. Outreach continues with dental providers becoming more comfortable with Scion. Most are very happy with the additional information available to them on the Scion Portal.

With changes implemented to the Preferred Drug List, there have been some complaints from providers about not having access to the “new and updated formulary”. Field staff is now providing website information on how to access the new formulary to provider offices and pharmacy sites during outreach. There also have been some complaints about Prior Authorizations for medications and medical procedures. Provider offices at the Molina workshops voiced concern that they are having difficulty finding specialist(s) that are accepting new patients in endocrinology and orthopedics.

Exhibit 12 breaks down outreach by region and selected categories.

Exhibit 12: Combined MHT/PAAS Field Staff Outreach – April 2014					
	Region 1	Region 2	Region 3	Region 4	Total
DHHR	4	6	2	0	12
Providers	26	7	14	25	72
Dental	10	1	5	4	20
Potential Consumers	0	125	64	380	569
Other Outreach	36	38	53	76	203
Presentations	0	0	0	0	0
# Attending	0	0	0	0	0
Feedback Forms	2	0	9	2	13



Exhibit 13 highlights Mountain Health Trust specific outreach by site type for the month. These numbers may include multiple outreach contacts with a single provider.

Exhibit 13: MHT Field Staff Outreach April 2014	
Basic Needs	6
Behavioral Health	2
Childcare	8
Community Resource Center	61
Dentists	20
DHHR	12
Education	11
Government Agency	53
Housing	1
Medical Provider	72
Other	9
Pharmacy	38
Religion	4
Retail	10
Total	307



West Virginia Health Benefits Manager

Mountain Health Trust

April 2014 Appendix A Rolling 12 Month Data

Submitted by Automated Health Systems

5/14/2014



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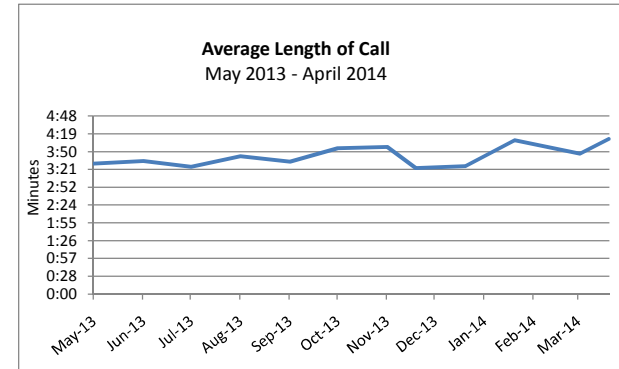
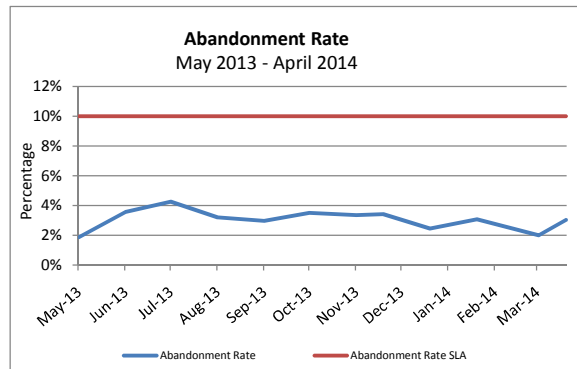
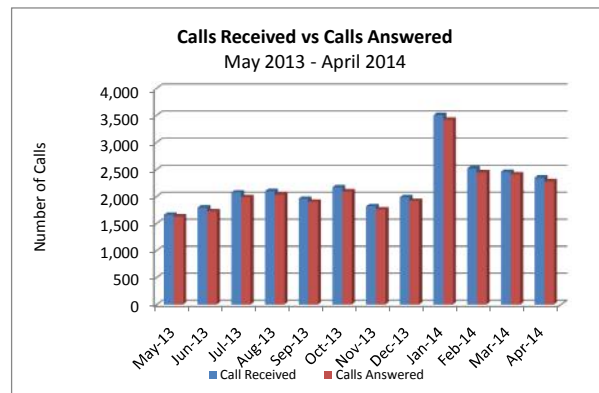
[Returned Mailings](#)



Call Center Statistics
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies call volume and additional key statistics for the Mountain Health Trust Helpline.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Average
Call Received	1,661	1,793	2,073	2,100	1,960	2,171	1,819	1,986	3,505	2,520	2,456	2,349	2,199
Calls Answered	1,630	1,726	1,985	2,033	1,902	2,095	1,758	1,918	3,419	2,443	2,407	2,278	2,133
Abandon Calls	31	64	88	67	58	76	61	68	86	77	49	71	66
Abandonment Rate	1.87%	3.57%	4.25%	3.19%	2.96%	3.50%	3.35%	3.42%	2.45%	3.06%	2.00%	3.02%	3.05%
Average Length of Call	3:31	3:35	3:26	3:43	3:34	3:56	3:58	3:24	3:27	4:09	3:47	4:11	3:43
Average Enrollee Hold Time	0:07	0:06	0:06	0:06	0:06	0:07	0:07	0:10	0:10	0:07	0:11	0:07	0:08
Busiest Day of the Month	1-May	12-Jun	15-Jul	14-Aug	11-Sep	17-Oct	12-Nov	17-Dec	2-Jan	14-Feb	4-Mar	8-Apr	-



Daily Operator Statistics													
Reporting Period: 4/1/14 - 4/30/14													

Report Description: This report details the number of calls received, number of calls answered, average talk time, and average queue time by operator for each day of the reporting month.

Date	Number of Calls Received							Number of Calls Answered									
	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 11	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 11	
1-Apr	19	28	24	12	16	0	5	0	18	27	23	12	16	0	5	0	
2-Apr	19	14	19	15	15	0	9	0	19	14	19	15	15	0	8	0	
3-Apr	14	16	17	11	17	0	10	0	14	16	17	10	17	0	10	0	
4-Apr	13	13	11	8	16	0	7	3	13	13	10	7	15	0	7	3	
Week 1	65	71	71	46	64	0	31	3	64	70	69	44	63	0	30	3	
7-Apr	19	21	21	16	6	4	11	7	18	21	20	14	6	4	10	7	
8-Apr	35	16	31	26	26	5	10	28	34	15	31	26	26	5	10	28	
9-Apr	5	40	27	24	32	0	16	29	5	39	24	23	30	0	16	28	
10-Apr	0	39	30	18	21	1	11	20	0	38	28	18	20	1	11	20	
11-Apr	19	19	16	17	13	1	10	16	17	18	16	15	13	0	10	15	
Week 2	78	135	125	101	98	11	58	100	74	131	119	96	95	10	57	98	
14-Apr	31	40	24	0	32	2	14	31	29	39	24	0	29	1	13	28	
15-Apr	12	22	19	14	21	5	8	17	11	22	19	12	20	5	7	16	
16-Apr	11	17	13	12	12	4	8	12	11	17	13	11	12	4	8	12	
17-Apr	12	16	14	11	12	3	7	7	12	15	14	11	11	2	7	7	
18-Apr	14	20	17	14	11	2	7	0	13	19	16	14	11	2	7	0	
Week 3	80	115	87	51	88	16	44	67	76	112	86	48	83	14	42	63	
21-Apr	15	11	17	10	13	2	7	11	15	11	17	9	13	2	7	11	
22-Apr	15	16	15	12	9	3	8	9	15	16	14	11	9	3	8	8	
23-Apr	9	17	12	11	12	3	5	11	9	17	12	10	12	3	5	11	
24-Apr	9	16	15	13	13	3	8	13	9	16	15	13	13	3	8	13	
25-Apr	8	16	12	10	10	1	7	9	8	16	12	10	10	1	7	9	
Week 4	56	76	71	56	57	12	35	53	56	76	70	53	57	12	35	52	
28-Apr	13	28	16	16	19	4	6	17	13	28	13	16	18	4	6	17	
29-Apr	14	18	19	13	18	5	6	15	14	18	19	12	18	5	6	15	
30-Apr	19	0	18	16	19	5	10	14	18	0	17	15	19	5	10	14	
Week 5	46	46	53	45	56	14	22	46	45	46	49	43	55	14	22	46	
Total	325	443	407	299	363	53	190	269	315	435	393	284	353	50	186	262	
Total Calls Received									Total Calls Answered								
								2,349									2,278

Date	Average Call Time							Average Queue Time									
	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 11	Op 4	Op 5	Op 6	Op 7	Op 8	Op 9	Op 10	Op 11	
1-Apr	3:20	3:08	3:14	5:15	2:06	0:00	6:00	0:00	0:06	0:03	0:07	0:05	0:08	0:00	0:03	0:00	
2-Apr	2:00	3:21	6:53	3:00	4:01	0:00	5:34	0:00	0:07	0:03	0:06	0:12	0:08	0:00	0:04	0:00	
3-Apr	2:36	3:07	4:53	5:33	3:18	0:00	3:50	0:00	0:07	0:05	0:05	0:06	0:26	0:00	0:09	0:00	
4-Apr	1:54	3:00	5:40	5:42	4:13	0:00	4:57	2:33	0:10	0:06	0:14	0:06	0:09	0:00	0:05	0:07	
Week 1	2:27	3:09	5:10	4:52	3:24	0:00	5:05	2:33	0:07	0:04	0:08	0:07	0:12	0:00	0:05	0:07	
7-Apr	3:06	3:16	4:05	4:23	5:00	2:07	6:11	4:11	0:06	0:12	0:05	0:05	0:06	0:08	0:05	0:05	
8-Apr	3:00	3:19	6:29	4:32	4:46	6:20	6:10	4:15	0:09	0:14	0:06	0:05	0:18	0:07	0:06	0:11	
9-Apr	2:25	3:25	5:52	4:05	3:57	0:00	5:56	4:44	0:08	0:06	0:09	0:05	0:08	0:00	0:10	0:08	
10-Apr	0:00	3:00	5:32	4:47	3:20	4:09	7:45	3:40	0:00	0:07	0:06	0:05	0:08	0:11	0:05	0:04	
11-Apr	2:40	3:44	7:34	4:20	5:01	0:00	5:10	4:21	0:06	0:04	0:06	0:05	0:08	0:00	0:05	0:04	
Week 2	2:47	3:20	5:54	4:25	4:24	4:12	6:14	4:14	0:05	0:08	0:06	0:05	0:09	0:08	0:06	0:06	
14-Apr	2:21	2:47	4:25	0:00	4:18	5:22	6:09	4:29	0:05	0:05	0:05	0:00	0:07	0:09	0:04	0:07	
15-Apr	3:00	4:11	5:29	4:33	4:35	2:40	4:26	5:07	0:06	0:10	0:06	0:07	0:07	0:07	0:04	0:05	
16-Apr	2:00	3:28	5:15	5:27	3:55	3:25	6:28	4:23	0:08	0:03	0:05	0:06	0:08	0:08	0:04	0:06	
17-Apr	1:55	3:40	6:00	5:13	4:18	4:50	5:26	3:11	0:06	0:04	0:06	0:05	0:12	0:09	0:04	0:04	
18-Apr	2:29	3:05	5:11	4:57	3:20	0:45	6:57	0:00	0:07	0:19	0:06	0:05	0:11	0:09	0:04	0:00	
Week 3	2:21	3:26	5:16	5:02	4:05	3:24	5:53	4:17	0:06	0:08	0:05	0:05	0:09	0:08	0:04	0:04	
21-Apr	2:43	3:00	5:50	3:33	3:32	7:03	6:23	4:27	0:07	0:34	0:07	0:05	0:08	0:09	0:06	0:05	
22-Apr	3:13	3:56	5:33	3:55	3:22	10:07	5:25	6:03	0:07	0:06	0:07	0:06	0:07	0:12	0:04	0:05	
23-Apr	2:11	3:05	4:50	4:20	3:25	5:07	7:00	3:27	0:05	0:03	0:09	0:05	0:08	0:08	0:04	0:05	
24-Apr	2:44	3:50	4:33	4:32	5:32	4:07	5:03	4:08	0:07	0:04	0:06	0:05	0:07	0:08	0:13	0:04	
25-Apr	2:03	2:44	4:08	3:40	5:20	3:54	5:00	3:44	0:07	0:03	0:09	0:05	0:10	0:08	0:04	0:05	
Week 4	2:34	3:19	4:58	4:00	4:14	6:03	5:46	4:21	0:06	0:10	0:07	0:05	0:08	0:09	0:06	0:04	
28-Apr	1:23	2:15	4:25	3:34	4:07	3:15	7:33	4:41	0:06	0:04	0:06	0:05	0:08	0:09	0:05	0:05	
29-Apr	3:19	2:39	5:42	5:32	4:01	4:20	6:00	4:33	0:08	0:04	0:07	0:06	0:07	0:39	0:03	0:04	
30-Apr	3:07	0:00	5:28	3:13	3:37	0:00	2:20	5:11	0:06	0:00	0:08	0:05	0:08	0:09	0:03	0:04	
Week 5	2:36	2:27	5:11	4:06	3:55	3:47	5:17	4:48	0:06	0:04	0:07	0:05	0:07	0:19	0:03	0:04	
Average	2:33	3:08	5:18	4:29	4:00	4:21	5:39	4:02	0:06	0:07	0:06	0:05	0:09	0:11	0:05	0:05	
Average Call Time								4:11	Average Queue Time								0:07

WV Health Benefits Manager
Mountain Health Trust



Monthly Operator Statistics
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report details the average number of calls handled, average call time, and average queue time by operator for each of the past 12 months.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Average
Average Calls Answered per Day													
Operator 4	15	13	15	15	16	20	20	24	38	28	29	15	21
Operator 5	18	16	18	17	18	21	26	0	22	30	32	21	20
Operator 6	9	13	13	12	13	15	15	16	29	26	27	18	17
Operator 7	15	17	18	17	19	23	22	24	35	29	7	14	20
Operator 8	11	17	16	14	15	15	17	18	30	26	29	16	19
Operator 9	0	0	0	0	0	0	8	16	27	17	0	3	12
Operator 10	3	4	4	4	4	5	4	4	7	0	6	8	4
Operator 11	0	0	0	0	0	0	0	0	0	0	0	15	15
Average Call Time													
Operator 4	2:28	2:59	2:38	2:48	2:50	3:08	2:57	2:46	2:40	2:40	2:33	2:33	2:45
Operator 5	3:13	3:47	3:23	3:24	3:07	3:25	2:59	0:00	3:32	3:36	3:07	3:08	3:03
Operator 6	5:38	5:29	5:17	5:42	4:31	5:34	5:04	5:18	4:28	5:16	5:02	5:18	5:13
Operator 7	2:58	2:54	2:55	3:21	0:00	3:30	3:29	3:19	3:03	3:08	3:37	4:29	3:03
Operator 8	4:28	4:06	3:57	4:27	4:18	4:45	5:12	4:36	3:51	4:14	3:57	4:00	4:19
Operator 9	0:00	0:00	0:00	0:00	0:00	0:00	5:15	5:05	4:00	6:03	0:00	4:21	4:07
Operator 10	2:37	2:30	2:27	2:32	3:04	3:15	2:50	2:42	2:37	0:00	4:23	5:39	2:53
Operator 11	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	4:02	4:02
Average Queue Time													
Operator 4	:07	:06	:05	:07	:07	:08	:08	:09	:16	:07	:10	:06	:08
Operator 5	:05	:05	:05	:05	:04	:05	:05	:00	:06	:07	:13	:07	:06
Operator 6	:07	:07	:06	:06	:06	:08	:08	:23	:12	:10	:11	:06	:09
Operator 7	:04	:04	:04	:05	:05	:07	:08	:11	:10	:06	:08	:05	:06
Operator 8	:07	:06	:07	:08	:07	:07	:10	:12	:12	:10	:17	:09	:09
Operator 9	:00	:00	:00	:00	:00	:00	:03	:11	:07	:03	:00	:11	:07
Operator 10	:05	:04	:04	:05	:06	:05	:05	:07	:05	:00	:09	:05	:05
Operator 11	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00	:00	:05	:05

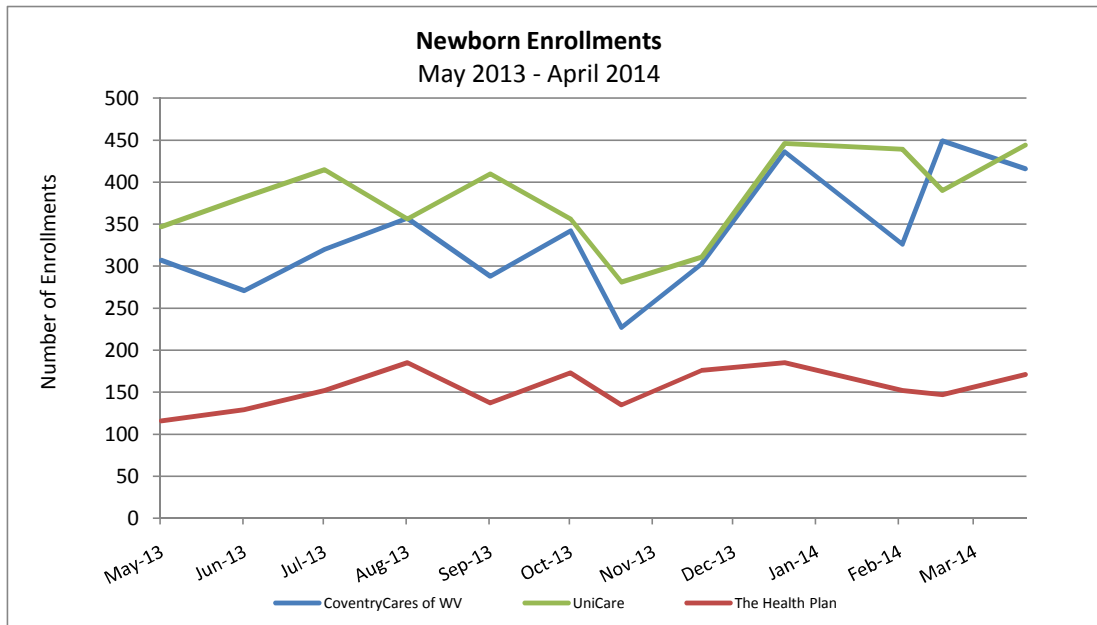
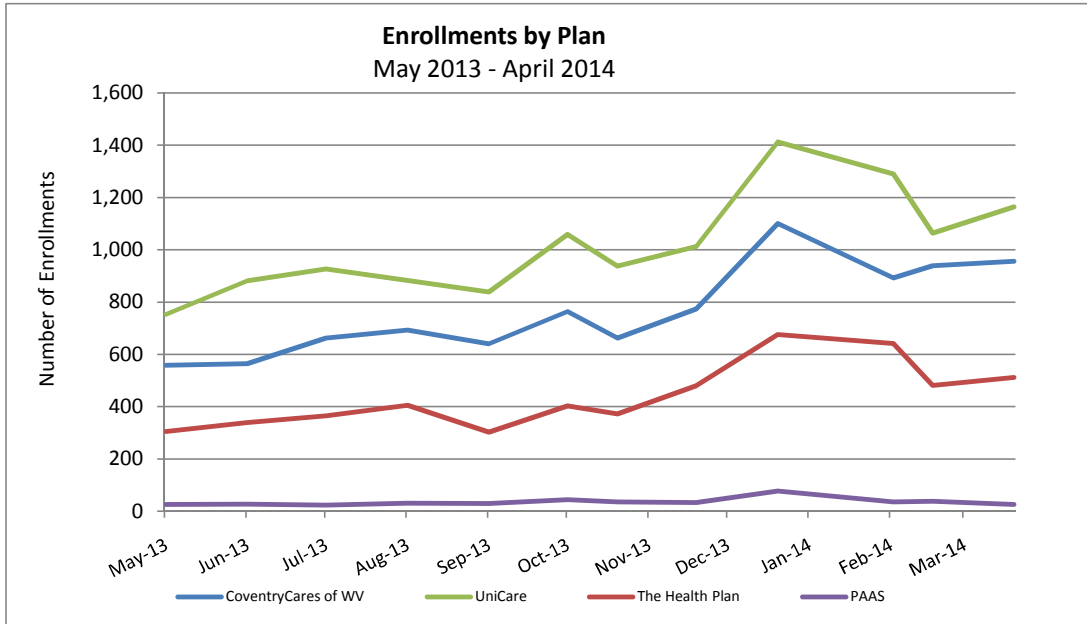
**WV Health Benefits Manager
Mountain Health Trust**



Enrollments By Plan
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies the number of enrollments by plan and by type of enrollment.

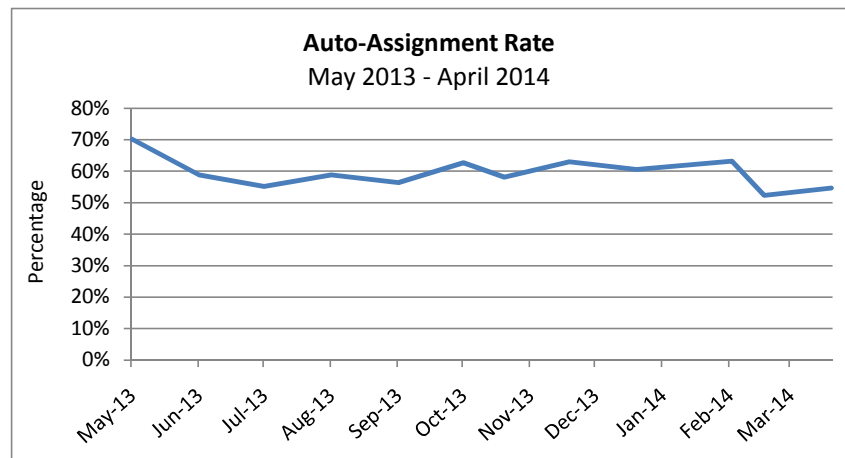
	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
CoventryCares of WV Enrollments													
Phone Enrollments	99	142	162	145	184	217	217	267	310	229	196	273	2,441
Written Enrollments	152	152	181	191	168	205	218	204	354	337	294	267	2,723
Newborn Enrollments	307	271	320	357	288	342	227	303	436	326	449	416	4,042
Total Coventry Enrollments	558	565	663	693	640	764	662	774	1,100	892	939	956	9,206
The Health Plan Enrollments													
Phone Enrollments	77	91	88	110	68	106	92	129	160	163	117	99	1,300
Written Enrollments	112	119	125	110	98	124	145	175	331	327	217	242	2,125
Newborn Enrollments	116	129	152	185	137	173	135	176	185	152	147	171	1,858
Total Health Plan Enrollments	305	339	365	405	303	403	372	480	676	642	481	512	5,283
UniCare Enrollments													
Phone Enrollments	189	283	270	270	222	346	322	372	440	305	276	270	3,565
Written Enrollments	217	217	242	257	207	357	335	330	527	546	398	450	4,083
Newborn Enrollments	347	382	415	356	410	356	281	311	446	439	390	444	4,577
UniCare Enrollments	753	882	927	883	839	1,059	938	1,013	1,413	1,290	1,064	1,164	12,225
PAAS Enrollments													
Phone Enrollments	14	20	18	18	22	20	18	20	59	26	27	15	277
Written Enrollments	12	7	6	13	8	25	18	13	19	10	11	11	153
PAAS Enrollments	26	27	24	31	30	45	36	33	78	36	38	26	430
Total Enrollments	1,642	1,813	1,979	2,012	1,812	2,271	2,008	2,300	3,267	2,860	2,522	2,658	27,144



Auto-Assignment
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies the percent of members that were auto-assigned to a MCO. This report also shows the change rate.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Average
Members Auto-assigned	2,685	2,250	2,444	2,150	2,329	3,608	2,538	4,454	4,053	4,182	1,941	4,153	3,066
Members Eligible for Auto-assignment	3,727	3,825	4,428	3,656	4,131	5,760	4,369	7,073	6,696	6,618	3,709	7,594	5,132
Auto-Assignment Rate	70.21%	58.82%	55.19%	58.81%	56.38%	62.64%	58.09%	62.97%	60.53%	63.19%	52.33%	54.69%	59%
Change Rate	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	-

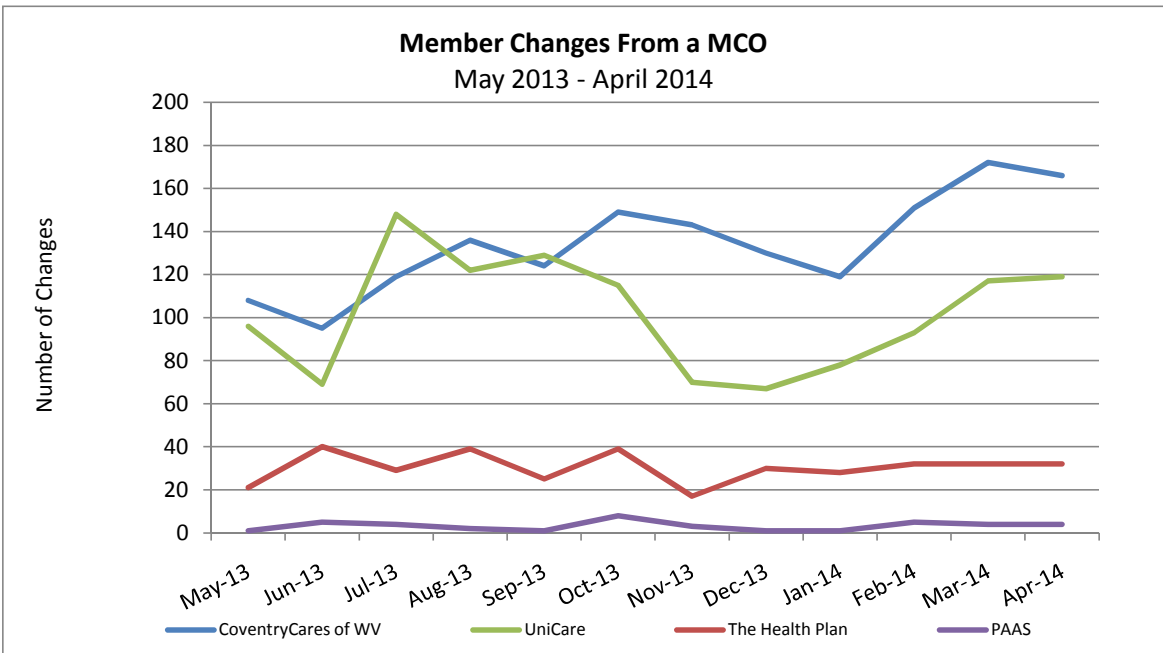
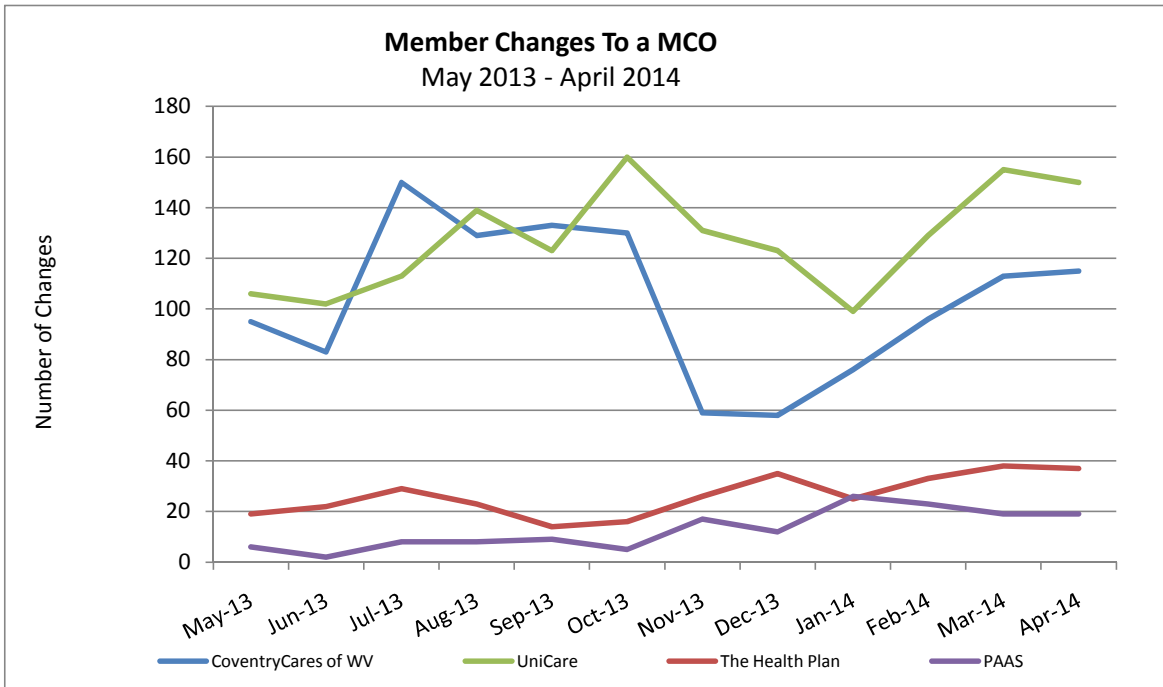


Changes To an MCO
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies the number of members that were assisted in transferring to a MCO, detailed by MCO and reason for transferring.

Changes to an MCO	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
CoventryCares of West Virginia													
Auto-Assigned	3	7	7	7	8	3	5	11	8	19	4	12	94
Provider Not in Plan	78	65	110	90	99	91	41	36	51	57	81	75	874
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	2	0	0	0	0	1	1	0	4	2	1	1	12
Doctor: Recommended	8	4	22	22	15	17	7	3	3	2	14	19	136
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	2	6	6	5	3	7	4	5	4	11	12	5	70
Other	2	1	5	5	8	11	1	3	6	5	1	3	51
Total Changes To CoventryCares of WV	95	83	150	129	133	130	59	58	76	96	113	115	1,237
The Health Plan													
Auto-Assigned	0	0	2	2	1	0	3	6	3	11	6	6	40
Provider Not in Plan	8	19	17	16	6	11	15	16	15	14	24	13	174
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	1	1
Doctor: Recommended	5	1	4	0	1	1	4	0	1	2	1	3	23
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	6	2	3	5	5	4	2	8	5	6	7	10	63
Other	0	0	3	0	1	0	2	5	1	0	0	4	16
Total Changes To The Health Plan	19	22	29	23	14	16	26	35	25	33	38	37	317
UniCare													
Auto-Assigned	7	18	16	10	8	11	18	22	14	17	19	20	180
Provider Not in Plan	85	73	65	101	104	120	92	80	54	96	100	97	1,067
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	3	0	0	0	1	3	0	0	0	2	4	4	17
Doctor: Recommended	4	3	25	12	6	18	18	14	14	8	20	19	161
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	4	7	6	12	0	3	3	2	13	6	12	5	73
Other	3	1	1	4	4	5	0	5	4	0	0	5	32
Total Changes To Unicare	106	102	113	139	123	160	131	123	99	129	155	150	1,530
PAAS													
Auto-Assigned	2	0	0	1	1	2	1	0	4	0	0	1	12
Provider Not in Plan	4	2	5	6	5	3	12	10	20	22	15	15	119
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Doctor: Recommended	0	0	3	0	3	0	1	2	2	1	2	2	16
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	0	0	0	1	0	0	0	0	0	0	2	1	4
Other	0	0	0	0	0	0	3	0	0	0	0	0	3
Total Changes To PAAS	6	2	8	8	9	5	17	12	26	23	19	19	154

Changes From an MCO													
Reporting Period: 4/1/14 - 4/30/14													
Report Description: This report identifies the number of members that were assisted in transferring from a MCO, detailed by MCO and reason for transferring.													
Changes from an MCO	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
CoventryCares of West Virginia													
Auto-Assigned	7	10	9	10	6	9	18	17	15	17	20	22	160
Provider Not in Plan	86	77	72	102	103	113	101	90	81	116	111	104	1,156
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	3	0	0	0	1	3	0	0	0	2	4	5	18
Doctor: Recommended	4	1	31	8	9	17	19	15	11	9	21	23	168
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	6	6	6	14	1	2	3	5	8	7	16	7	81
Other	2	1	1	2	4	5	2	3	4	0	0	5	29
Total Changes from CoventryCares of WV	108	95	119	136	124	149	143	130	119	151	172	166	1,612
The Health Plan													
Auto-Assigned	3	10	12	4	6	4	1	12	8	9	4	6	79
Provider Not in Plan	14	22	13	21	17	25	14	9	8	18	23	19	203
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	1	0	0	0	0	0	0	0	0	0	0	0	1
Doctor: Recommended	0	4	0	8	0	2	0	2	6	1	2	1	26
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	1	4	4	2	1	6	2	2	6	4	3	4	39
Other	2	0	0	4	1	2	0	5	0	0	0	2	16
Total Changes from The Health Plan	21	40	29	39	25	39	17	30	28	32	32	32	364
UniCare													
Auto-Assigned	2	5	4	6	6	3	8	10	6	21	5	11	87
Provider Not in Plan	75	56	108	88	93	86	44	42	50	50	83	75	850
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	1	0	0	0	0	1	1	0	4	2	1	0	10
Doctor: Recommended	12	3	23	18	16	11	11	2	3	3	14	18	134
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	5	5	5	7	6	6	4	8	8	12	13	10	89
Other	1	0	8	3	8	8	2	5	7	5	1	5	53
Total Changes from UniCare	96	69	148	122	129	115	70	67	78	93	117	119	1,223
PAAS													
Auto-Assigned	0	0	0	0	0	0	0	0	0	0	0	0	0
Provider Not in Plan	0	4	4	2	1	1	1	1	1	5	3	2	25
Doctor: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	0	0
MCO: Not Satisfied	0	0	0	0	0	0	0	0	0	0	0	1	1
Doctor: Recommended	1	0	0	0	0	6	0	0	0	0	0	1	8
Managed Care County	0	0	0	0	0	0	0	0	0	0	0	0	0
Written Enrollment	0	0	0	0	0	0	0	0	0	0	1	0	1
Other	0	1	0	0	0	1	2	0	0	0	0	0	4
Total Changes from PAAS	1	5	4	2	1	8	3	1	1	5	4	4	39



**WV Health Benefits Manager
Mountain Health Trust**



Health Risk Assessment
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies the number of members who self identified as having one of the conditions listed below.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Asthma	56	64	88	69	64	90	94	95	120	132	96	113	1,081
Diabetes	12	16	15	13	16	23	11	35	12	15	20	20	208
Heart Condition	20	22	17	17	20	29	40	34	34	36	19	34	322
Newborn	770	788	897	900	837	873	649	787	1,066	916	989	1,038	10,510
Smoker	107	127	112	140	150	178	327	361	348	315	212	232	2,609
Planned Surgery	9	15	12	14	4	19	16	15	14	16	15	14	163
Pregnancy	194	221	259	222	168	206	131	154	352	162	186	193	2,448
Smokeless Tobacco	11	7	7	9	8	5	33	37	41	29	19	18	224
Other	80	88	109	99	78	121	134	163	232	222	239	173	1,738
Total	1,259	1,348	1,516	1,483	1,345	1,544	1,435	1,681	2,219	1,843	1,795	1,835	19,303

WV Health Benefits Manager
Mountain Health Trust



Referrals
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies agencies that members were referred to by AHS.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
BMS	4	4	3	5	6	5	5	3	7	9	5	5	61
Change Center	38	37	44	56	49	60	43	27	51	53	63	67	588
Client Services	17	15	26	9	26	21	9	9	56	36	24	26	274
DHHR	24	35	31	35	45	40	17	21	25	29	23	27	352
MCO	107	110	117	129	129	80	116	64	85	93	98	133	1,261
Medicaid Advocate	5	9	5	9	5	5	13	13	7	10	8	3	92
Molina	65	54	75	78	67	78	39	33	176	135	192	192	1,184
Other Agency	22	14	16	28	25	17	18	11	39	29	43	31	293
PAAS	0	1	1	0	0	0	0	0	0	0	0	3	5
Physician/Pharmacist	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	282	279	318	349	352	306	260	181	446	394	456	487	4,110
Third Party Liability (TPL)													
TPLs Received	34	36	38	40	19	22	30	27	105	71	69	89	580

WV Health Benefits Manager
Mountain Health Trust



Field Activities
Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies the number and type of field visits conducted during the reporting month.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Medicaid Redesign													
Booth/Display	9	5	5	9	4	9	3	0	0	0	0	0	44
Conference	2	2	0	0	0	1	0	0	0	0	0	0	5
Drop-in	283	186	252	209	213	264	98	202	299	7	1	0	2,014
Follow-up	5	5	3	8	10	4	26	30	23	1	0	0	115
Inquiry	4	2	4	10	5	16	3	5	26	0	0	0	75
Issue	9	5	5	3	6	14	3	4	9	0	1	0	59
Meeting	28	12	18	25	22	24	10	3	14	1	0	0	157
Presentation	2	2	6	2	1	4	0	1	1	0	0	0	19
Referral	0	0	0	0	0	9	13	2	0	0	0	0	24
Scheduled Appointment	0	0	0	0	0	0	0	3	6	0	0	0	9
Mountain Health Trust													
Booth/Display	9	5	5	9	4	10	4	2	0	1	3	12	64
Conference	2	2	0	0	1	1	2	0	0	3	3	0	14
Drop-in	319	258	260	246	227	312	179	226	97	249	279	224	2,876
Follow-up	6	5	3	8	13	14	35	31	2	21	30	14	182
Inquiry	7	5	5	10	5	16	5	5	0	29	22	25	134
Issues	9	10	5	3	6	21	11	4	0	18	13	5	105
Meeting	28	12	18	25	22	26	20	3	7	15	22	31	229
Presentation	2	2	6	2	1	5	6	1	1	1	2	0	29
Referral	0	0	0	0	1	16	26	2	0	0	0	0	45
Scheduled Appointment	0	0	0	0	0	0	3	4	2	6	1	1	17

WV Health Benefits Manager
Mountain Health Trust



Mailings

Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies the number of enrollment packets that were sent to members in each of the last 12 reporting months.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Phase 2	233	183	196	268	182	277	208	171	517	412	188	559	3,394
Phase 4	1,275	1,013	1,056	1,419	1,215	1,740	1,138	1,170	3,747	3,102	1,370	4,225	22,470
Phase 8	720	550	541	811	671	962	589	604	2,109	1,487	682	2,061	11,787
Phase 10	0	0	0	0	0	0	0	0	0	0	0	0	0
Phase 12	112	77	70	121	92	108	117	118	0	0	0	0	815
Phase 14	713	584	534	859	708	695	709	808	0	0	0	0	5,610
Phase 18	476	408	351	594	497	489	463	484	0	0	0	0	3,762
Phase 20	0	0	0	0	0	0	0	0	0	0	0	0	0
Phase 22	30	30	25	48	34	157	44	53	0	0	0	0	421
Phase 24	213	168	178	261	226	1,407	342	436	0	0	0	0	3,231
Phase 28	141	107	118	161	164	850	233	263	0	0	0	0	2,037
Phase 30	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3,913	3,120	3,069	4,542	3,789	6,685	3,843	4,107	6,373	5,001	2,240	6,845	53,527

**WV Health Benefits Manager
Mountain Health Trust**



Returned Mail

Reporting Period: 4/1/14 - 4/30/14

Report Description: This report identifies the number of pieces of returned mail and the reason why the mail was returned.

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Mountain Health Trust													
Attempted: Not Known	32	29	29	25	32	40	18	51	29	30	23	27	365
Box Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
Insufficient Address	1	6	21	12	12	18	8	17	8	3	13	10	129
Moved/Left No Address	3	3	1	7	10	0	3	1	10	2	4	2	46
No Mail Receptacle	5	1	0	2	8	6	3	14	3	7	4	7	60
No Such Number/Address	12	16	14	15	15	22	10	27	14	16	18	15	194
Not Deliverable as Addressed	7	0	0	5	0	0	0	0	0	0	0	0	12
Other	2	0	0	1	0	0	0	0	0	0	0	0	3
Refused	2	4	3	3	4	5	4	2	3	1	2	1	34
Return to Sender	44	47	71	64	68	83	50	130	95	139	105	67	963
Unable to Forward	26	25	35	43	50	46	31	56	54	48	43	30	487
Unclaimed	17	33	28	25	25	19	26	33	27	14	18	1	266
Vacant	2	4	3	9	1	7	2	5	11	3	2	5	54
Total	153	168	205	211	225	246	155	336	254	263	232	165	2,613
Mountain Health Choices													
Attempted: Not Known	24	7	13	13	7	23	6	2	0	0	0	0	95
Box Closed	0	0	0	0	0	0	0	0	0	0	0	0	0
Insufficient Address	3	0	10	8	9	7	3	0	0	0	0	0	40
Moved/Left No Address	2	0	1	1	11	0	3	0	0	0	0	0	18
No Mail Receptacle	3	2	0	2	4	2	2	0	0	0	0	0	15
No Such Number/Address	7	1	4	17	6	16	6	0	0	0	0	0	57
Not Deliverable as Addressed	16	6	16	5	1	5	0	1	0	0	0	0	50
Other	0	0	2	0	0	0	0	0	0	0	0	0	2
Refused	1	0	3	0	2	3	0	0	0	0	0	0	9
Return to Sender	22	4	30	25	19	30	26	0	0	0	0	0	156
Unable to Forward	17	8	10	25	19	18	14	0	0	0	0	0	111
Unclaimed	3	3	9	11	13	11	18	1	0	0	0	0	69
Vacant	3	3	2	5	2	0	0	0	0	0	0	0	15
Total	101	34	100	112	93	115	78	4	0	0	0	0	637