

MATERIAL SUBCONTRACTOR CHECKLIST

Below is a list of questions related to [*insert name of MCE*] preparedness for entering into a contract with a Material Subcontractor [*Insert name and type of subcontractor*]. The Contractor shall provide a written response to these questions as soon as possible, but no later than 60 days prior to implementation.

Name of MCE:

Date of Submission:

SECTION 1.

Please answer all questions completely.

GENERAL INFORMATION

1. What is the name of the Material Subcontractor?
2. What is the type and scope of service to be provided by the Subcontractor (e.g. PBM, Behavioral Health, claims processing, care management, mail order pharmacy)?
3. What is the expected effective date of the Subcontract?
4. What is the expected date on which the Subcontractor will begin to deliver services, if different from the expected effective date of the Subcontract (due to ramp up time or other implementation factors)?
5. What are the key reasons for choosing to contract with Subcontractor to perform these activities?
6. What are the key reasons for selection of this Subcontractor?
7. What are the primary services that this Subcontractor will perform, including the business functions, and/or the range of health conditions on which this Subcontractor will focus?
8. What specific services will the Subcontractor provide that the MCE is not able to provide? If comparable services are to be provided by the MCE, how will the services provided by this Subcontractor differ from those provided by MCE and why are such redundancies necessary?
9. Confirm that the MCE has ensured and explain how the MCE has ensured that the Subcontractor is financially sound.

SUBCONTRACTOR REIMBURSEMENT

10. How will the Subcontractor be reimbursed? If reimbursement is on a PMPM, will the reimbursement be based on enrollees referred or enrollees served? If based on enrollees served, please provide a definition of “served” in this respect.
11. Please provide a summary of the ROI review conducted to justify the anticipated gains and potential cost savings as an offset to the increased administrative expenditure.

MCE STAFF TRAINING AND COORDINATION

12. How and when will MCE Enrollee Services and all other MCE business units’ staff be trained about the Subcontractor? Submit copies of the relevant training materials.
13. Will the MCE designate staff to interact with the Subcontractor? If so, which staff and how many will be designated? Will interactions take place in-person or remotely or both?

14. Please specify the nature of coordination and communication that will occur between the Subcontractor and MCE staff.
15. With which of the MCE's other Subcontractors will this Subcontractor interact directly, as applicable? Please describe the nature of communication and coordination, and transfer of information, between this Subcontractor and other Subcontractors, for each of the above listed interactions. Include the role of the MCE for each.

NOTIFICATION OF AND EFFECTS ON ENROLLEES (IF APPLICABLE)

16. How many Enrollees in total will the Subcontractor serve? How will Enrollees be identified for this service?
17. Will the Subcontractor operations be visible or transparent to Enrollees?
18. How and when will existing Enrollees be notified of the role and availability of the Subcontractor? Submit draft copies of the relevant notification letters/materials.
19. Will new Enrollee identification cards be sent? If so, how and when?
20. Identify any differences in access to Enrollee services that may result from having this Subcontractor and, if access is more limited, the nature and timing of outreach to Enrollees.
21. Describe any other anticipated effects of the Subcontractor on Enrollees' engagement with the health plan.

NOTIFICATION OF AND EFFECTS ON PROVIDERS (IF APPLICABLE)

22. Will the Subcontractor operations be visible or transparent to Providers?
23. How and when will the MCE provider network be informed about the Subcontractor? Please submit copies of the relevant notification and training materials?
24. How will the MCE ensure that PCPs are aware and approving of any information that the Subcontractor presents to Enrollees?
25. Identify any differences in access to Provider services that may result from having this Subcontractor and, if access is more limited, the nature and timing of outreach to Providers.
26. Describe any other anticipated effects of the Subcontractor on Providers.

SYSTEMS/ DATA

27. Will the Subcontractor have retrospective or live access to any MCE systems? If so, which system(s)?
28. Describe data elements to be shared between the Subcontractor and the MCE.
29. Describe the process for data sharing between the Subcontractor and the MCE.
30. How will data generated by the Subcontractor be integrated into MCE system(s), if applicable? How will data in the MCE system be transferred to the Subcontractor, if applicable? What will be the frequency of such integration? How will data integrity be ensured? Explain the arrangement that will ensure the Enrollee has the full range of recourse via the grievance and appeal system, including timely notifications and resolutions of processes.
31. Describe any expected loss of data history due to implementation of the Subcontract, if any.
32. Describe how the MCE will manage any unanticipated loss of data/information due to implementation of the Subcontract.

33. Does the MCE intend to operate redundant IT systems before a new system is relied upon solely? If so, for how long, and how will the MCE manage such redundancy of systems?
34. Describe the process that will be used to ensure that the IT system will have capacity to interface with New MMIS effectively, as applicable.

READINESS REVIEW

35. Describe the readiness review that the MCE will conduct of the Subcontractor, including timeframes.
36. Provide the MCE's contingency plan should the Subcontractor not be ready to operate by the expected implementation date. At what point will this contingency plan be implemented?
37. Has the Subcontractor worked with MassHealth or other Medicaid populations and/or within the MA market? If so, address prior experiences and measures of performance, including results of services implemented, if known.
38. Describe the training and education that the MCE will provide to the Subcontractor regarding the MCE and the MassHealth population.

EVALUATION

39. Describe how the Subcontractor's performance will be evaluated. Does the MCE plan to evaluate the Subcontractor, or will the MCE conduct the evaluation independently? If the Subcontractor will self-evaluate, what role, if any, will the MCE play in the evaluation?
40. How will the MCE ensure effective subcontractor participation in all EQRO related activities?
41. How will the MCE ensure the Subcontractor's compliance with all MassHealth MCE Program contractual provisions, including those relating to confidentiality of information and Marketing?
42. Reference any national, state, and/or local standards to which the Subcontractor will adhere.

SECTION 2.

Please answer all questions completely within the area below that are applicable to the new Subcontractor type.

BEHAVIORAL HEALTH SUBCONTRACTOR

1. What are the MCE's reasons for deciding to subcontract for some or all of its behavioral health operations?
2. Describe the MCE's planned management structure of the behavioral health carve-out vendor.
3. How will the behavioral health material subcontract support the integration of physical and behavioral medical care management? How will care management be structured for enrollees with both medical and behavioral health issues that require care management?

PBM

What are the MCE's key reasons for selecting this PBM, or switching from the current PBM?

MAIL ORDER PHARMACY

1. What are the key reasons for proposing a Mail Order Pharmacy (MOP) program?
2. Provide an overview and description of the proposed MOP program.
3. Provide a list of the therapeutic drug categories and covered drugs that will be included and excluded in the MOP program, along with a description of the inclusion/exclusion criteria.
4. Describe the process that will be used to monitor and mitigate inappropriate early refills. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?
5. Describe the process that will be used to minimize the risk of drug diversion. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?
6. Describe the process that will be used to provide emergency access (i.e. weekends, after hours, vacation, etc.) if an enrollee does not receive the prescription drug in a timely manner. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?
7. Describe the process that will be used to ensure that enrollees are fully informed and provided an opportunity to raise questions and concerns regarding the risks and side effects of the drugs received through the MOP Program. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?
8. Describe the process that will be used to ensure that a enrollee will not be denied medications as a result of not paying a copayment. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?

CARE MANAGEMENT

1. Describe the process that will be used to transfer the active caseloads of enrollees currently receiving Care Management from the MCE and/or other Subcontractor to the new Subcontractor.
2. Describe the process that will be used to ensure minimal disruption to enrollees and/or care management systems. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?
3. Describe the process that will be used to ensure effective communication and coordination between the Subcontractor, PCPs of enrollees in care management, and the MCE. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?

UTILIZATION MANAGEMENT

Describe the mechanisms it will use to ensure that subcontractor managed levels of service utilization are appropriate and simultaneously ensure high quality care in a manner that would not impede access to medically necessary care.

CLAIMS

1. Describe the process that will be used to transfer the current claims processing system to the new claims processing system.
2. Describe the process that will be used to ensure minimal disruption to claims processing and other IT functions, including timely and appropriate payment of claims. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?
3. Describe the process that will be used to ensure that any prior approvals granted under the current system will be honored under the Subcontractor.
4. Describe the process that will be used to ensure that claims will not be double-paid by the current and the new Subcontractor during transition. What are the respective roles of the Subcontractor and the MCE in this process, and the nature of communication and collaboration between the Subcontractor and the MCE in this process?
5. Explain what steps will be taken to be sure the new claims system can properly perform all the interfaces with MMIS that are required.
6. Describe steps to ensure MassHealth reporting will not be negatively impacted

CALL CENTER

1. Describe the process for handling various types of calls from MassHealth enrollees.

2. Is a separate entity responsible for handing calls for MassHealth Enrollees, prospective enrollees, and/or enrollees in other product lines? If so, what is the nature of referral and coordination between the Subcontractor(s) and MCE?
3. Please describe how the process for handling various types of calls differs for MassHealth enrollees, prospective enrollees, and/or enrollees in other product lines, if applicable
4. How will the MCE ensure that all required enrollee notifications occur in a timely and effective manner?