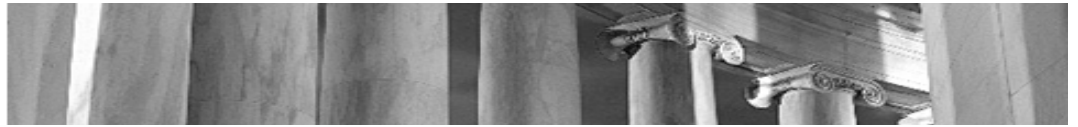


CCHAP
Meeting
1-24-2012





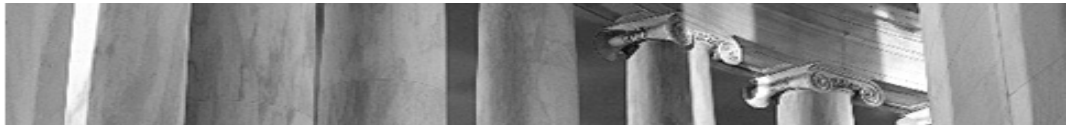
THANKS AND INTRODUCTION



Overview

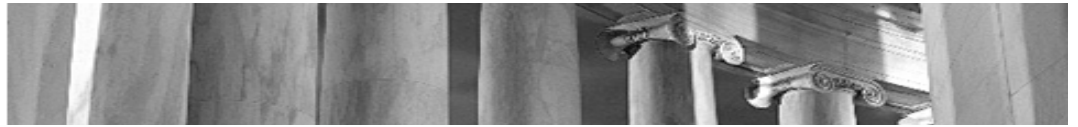
Project awarded the Eligibility and Enrollment for Medical Assistance Programs (EEMAP) contract in July 2010

- Project went live on October 15, 2010
- Scope of Work
 - Base Services:
 - Process Family Medicaid (FM) and Child Health Plan *Plus* (CHP+) New Applications
 - Process FM and CHP+ Renewals
 - Case Maintenance for FM processed at the project
 - Case Maintenance for CHP+ statewide
 - Process CHP+ enrollment fees
 - Maintain Call Center for CHP+ clients
 - Medical Only PEAK Applications
 - Expansion Populations:
 - Adults without Dependent Children – March 2012
 - Medicaid Disability Buy-in – March 2012



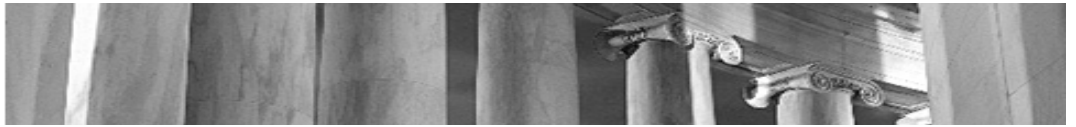
Commitment to Transparency and Accountability

- MAXIMUS is held to performance standards as outlined in its contract with the Department of Health Care Policy and Financing (Department)
- Fourteen service level agreements, eight with associated incentive opportunities and potential liquidated damages
- Three call center performance standards
- Four eligibility performance standards



Business Units Overview

- Mail Operations and Image Assembly
- Eligibility
- Financial Operations
- Call Center
- Quality Assurance



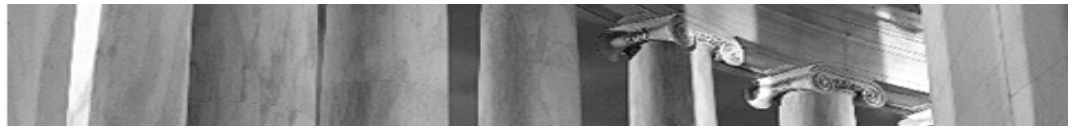
Mail Operations and Image Assembly

- Scan and image Medicaid and Child Health Plan *Plus (CHP+)* applications, renewals, supporting documentation and record enrollment fee payments
- All images are sent through a validation process, each document is assigned a unique document number
- Documents are reviewed and linked to the appropriate client or application in MAXe
- Document Problem tasks are created when there are issues with identifying the document type, what case or to whom it belongs
- Receive $\approx 73,692$ pieces of mail per year & Scan $\approx 1,119,000$ images per year



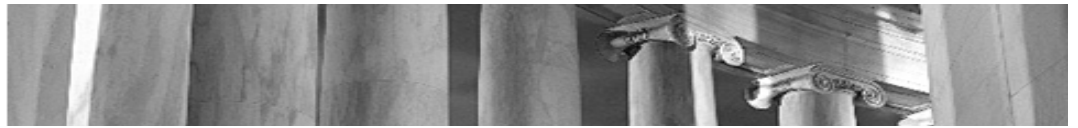
Eligibility

- Review applications/renewals and supporting documentation for completeness
- Data enter into the Colorado Benefits Management System (CBMS) to obtain an eligibility determination
- Request additional information from clients/applicants through CBMS that are prohibiting a final determination
- Perform case maintenance on CHP+ and Medicaid cases that are assigned to the project including, but not limited to: Add-a-Baby, demographic updates, and CHP+ HMO disenrollments
- Process 100% of applications and renewals within 5 business days from receipt
- Process CHP+ manual enrollment requests from Managed Care Organizations (MCOs) and clients within 24 hours for urgent requests and 3 – 5 business days for regular requests



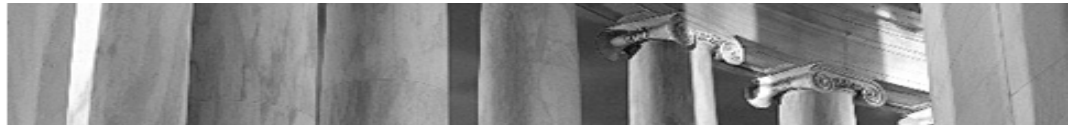
Financial Operations

- CHP+ enrollment fees are received via state provided lock box, mailed directly to the project or paid in person
 - Acceptable payment methods include cash, check or money orders
 - Deposits are made on a weekly basis
- All payments are scanned and indexed, recorded into MAXe and entered into CBMS
- Process 100% of CHP+ enrollment fees within 2 business days from receipt
- Refund requests are compiled and sent to the Department to be processed through the State warrant system



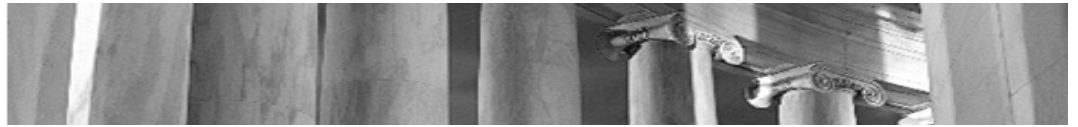
Call Center

- Average of 29,519 inbound calls received per month
- IVR is used by the project to provide self service option such as checking on application or case status, receive additional information about program changes, e.g. CHP+ enrollment fee increase and IEVS letter clarification
 - IVR information is provided in both English and Spanish
- Customer Service Representatives (CSR) can provide assistance to both English and Spanish speaking callers
- Other languages are supported by using the Language Line
- Customer Service Representatives utilizes MAXe and CBMS to look up client/application information
- 100% of all calls are recorded for quality and training purposes.



Quality Assurance

- The project uses Qualcheck to perform monthly random sampling of calls and applications/renewals
- Each sample is reviewed by three Quality Analysts, their findings are recorded in Qualcheck and are sent out to the Eligibility and Call Center Department for review, corrections and rebuttals
- Each department has implemented a QC process to monitor the performance of its staff and provide over-the-shoulder support and training
- Twice a month a calibration meeting is held to ensure that quality assurance, eligibility, call center and training are in sync



Contact Information

- Call Center 1-800-359-1991
- Liaison line 1-877-311-4540 (CBO's, MCO's, Counties, CAAS, & PE Sites Only)
- MOVEit –Secured web portal for sending Protected Health Information (PHI)
 - To gain access send an e-mail to eemapsupport@maximus.com with contact information.
 - You will receive an e-mail with login information from MAXIMUS Exchange
 - Please follow instructions in or order to activate your account
- Jeff Gaskill 303-217-4213 or jeffreygaskill@maximus.com



QUESTIONS & ANSWERS