

## Q1DY3 ATTACHMENT B: MCO Action Plans

### Quarter 2 DY1

#### *UHC*

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#### Q2DY1

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Action Plan #1	Implementation Date	Completion Date
Vision Care Recruitment	5/8/2014	Closed 12/31/15

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#### *Description*

This plan was created to alleviate service provider gaps caused by loss of Walmart Vision Centers. Grant County is the primary focus with at least one of three providers verbally committed to a contract.

#### *Status*

12/16/2014 – There are 1,263 members who were impacted by the loss of Walmart Vision. March Vision has since contracted with Dr. Jason Bracher. March Vision is working to recruit additional providers. 4/15/2015 – Walmart has lifted the moratorium and March Vision is working to add these providers back into the network. March Vision recently recruited an additional hardware provider, Tru Vision. UHC is targeting a closure date of 6/30/2015, or sooner, once Walmart is back in-network. 7/2/2015 – Walmart is still awaiting an updated NM Medicaid ID. Upon receipt, Walmart will be back in-network for New Mexico areas. Additional IHS providers are also being recruited. 9/28/2015 – UHC continues to work with March Vision on options. Walmart is contracted, still awaiting Medicaid IDs. Upon receipt of Medicaid IDs, network will be restored and action plan closed out.

### Quarter 3 DY1

#### *UHC*

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#### Q3DY1

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Action Plan #1	Implementation Date	Completion Date
Regulatory Reports	9/30/2014	Closed 2/2/16

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#### *Description*

UHC was non-compliant with timely submission of contractual reports. UHC was also non-compliant with the submission of accurate data on contractual reports.

#### *Status*

UHC has implemented a new quality review process that will oversee the timely submission of reports and the data quality of the contractual reports. Reports are to be available to the quality review team at least five business days prior to the HSD's submission deadline. If the quality review identifies issues with the report data that puts the timely submission in jeopardy than a report extension will be submitted to HSD. If the report is not submitted to the quality review team five business days before submission deadline, then a report extension will be submitted to HSD.

This will ensure to the best of UHCs knowledge timely and accurate contractual reports.

UHC states that November 2014 monthly reports were submitted timely to HSD on 12/15/2014, and that its process is working appropriately. 7/7/2015 - UHC continues to review and improve its reporting process through the continuous monitoring of the reporting data and streamlining the process for all of the reports due to HSD. 9/28/2015 – On 9/24/2015 UHC submitted an action plan closure request to HSD. UHC has made great progress with 2015 data. UHC, to this point, has had no rejected reports and has only had one report that was untimely which was due to a local server issue. 1/6/16 – UHC is monitoring its progress utilizing its internal corrective action plan process. 2/2/16 – This internal action plan has been closed.

## Quarter 4 DY1

### ***BCBSNM***

#### ***Q4DY1***

Action Plan #1	Implementation Date	Completion Date
Logisticare/Transportation	12/16/2014	Closed 2/5/16

#### *Description*

Large volume of LogistiCare complaints regarding no shows and missed appointments.

#### *Status*

Since concern was raised by HSD, BCBSNM held two meetings to discuss the no show concern with Logisticare. BCBSNM and Logisticare developed a spreadsheet that included the 39 reported no shows from the January and February 2015 reports. The spreadsheet details the name of the provider, a or b leg of the trip, missed appointment, rescheduled appointment, valid no show, valid late and comments.

BCBSNM updates HSD regarding progress on a bi-weekly basis. The MCO continues to meet with Logisticare to discuss late and no show transportation services. The MCO continues to populate the tracking spreadsheet and track services by region and providers contracted with Logisticare.

10/06/15 – There has been a noticeable decrease of the number of overall transportation grievances reported. This includes a decrease of the number of late arrivals and the number of no shows. August reports reflect a total of 33 transportation grievances, which is a decrease from June and July. There were 15 reported late arrivals and 9 reported no shows. BCBSNM continues to work collaboratively with LogistiCare's regional manager who is continuing to provide training and re-training to all transportation providers. LogistiCare's regional manager is also putting together resource cards which will help drivers know what to do if there is an accident; they are running late; or, they cannot locate the member.

1/4/16 – Beginning September 2015, BCBSNM along with other MCO's collaboratively created a Workgroup who met and prepared a Project Plan, that outlined implementation and improvements related to transportation issues and standardizing reporting and tracking. The Workgroup agreed upon definitions of complaints, grievances and sentinel events. The Workgroup also discussed and agreed on how to improve the delivery of information on Report #37 that included weighing and categorizing transportation related grievances by severity. In addition, BCBSNM noticed a continued decrease of the number of late and no show grievances in the last three months of 2015.

BCBSNM will continue to work with LogistiCare to reduce the number of overall grievances related to transportation.

04/04/16 - The standardized reporting and tracking that was created from the MCO Workgroup that now includes weighing and categorizing by severity, was approved by HSD on 02/05/16. As a result, each Report #37 beginning in February 2016, will now reflect the weighing and categorization by severity for each transportation grievance reported. BCBSNM Delegation Oversight Coordinator will however continue to review the number of transportation grievances and work with LogistiCare on any trends identified.

**Quarter 1 DY2**

***PHP***

**Q1DY2**

Action Plan #1	Implementation Date	Completion Date
Magellan Behavioral Health	12/12/2014	In Progress

*Description*

A Quality Improvement Plan was put into place to ensure contractual compliance.

*Status*

A detailed Quality Improvement Plan was provided to HSD on 12/12/2014. All remediation actions are substantially complete. Weekly operational meetings occur between PHP and Magellan leadership to review QIP activities. Bi-weekly executive meetings occur between PHP and Magellan to discuss performance and progress. A re-audit is in process to evaluate the success of interventions. July 2015 – The re-audit identified opportunities for process improvement related to care coordination event management. A process improvement specialist completed an end-to-end review and interventions/process changes are being implemented. The process improvement activities are to be completed by 7/31/2015. Another re-audit will occur in October to evaluate effectiveness of these interventions.

Magellan has hired a clinical auditor who will be responsible for conducting care coordination audits and monitoring compliance. New operational reports have been developed and implemented. Compliance against care coordination requirements are monitored through weekly reporting. Care coordination supervision policies and procedures have been revised to support compliance concerns identified in the CAP. The Magellan General Manager position has been replaced with a Chief Operating Officer. One of the job requirements for this new position is clinical operations experience. PHP Compliance has hired an audit manager who will be responsible for conducting independent care coordination audits including those done by Magellan care coordinators.

**Quarter 3 DY2**

***BCBSNM***

**Q3DY2**

Action Plan #1	Implementation Date	Completion Date
Davis Vision	8/25/2105	Closed 3/23/16

*Description*

Davis Vision was requesting Davis Vision providers to submit their "Acceptance Letter" when re-credentialing. This was because Davis Vision needed proof from each provider that they were enrolled as a Medicaid provider.

*Status*

10/06/2015 – Since a concern was raised by HSD that Davis Vision providers were being asked to submit their Medicaid "Acceptance Letters." BCBSNM chose to implement a self-imposed action plan. It was discovered that Davis Vision was not receiving a “Provider Master File,” which reflects all of the providers that are enrolled as Medicaid providers. As a result, BCBSNM implemented a process where a Provider Master File will be sent to Davis Vision monthly, via a secure system, in which Davis Vision will view and validate the vision provider's Medicaid enrollment in order to credential/re-credential and eliminate the need to request Medicaid Acceptance Letters.

04/04/16 - On 03/23/16, the NM Medicaid Operations Delegation Oversight Coordinator proposed to the Delegation Oversight Committee (DOC) to close this Self-Imposed CAP as processes have been put in place with Davis Vision. If Davis Vision and/or BCBSNM receive a complaint from a Vision Provider who has received a request for their Acceptance Letter prior to the 08/25/15 corrective action effective date, they will follow the established processes. BCBSNM will continue to send Davis Vision a Provider Master File (PMF) monthly, via a SECURE email, so Davis Vision can verify if a Vision provider is registered with the State. On 03/23/16, DOC approved the closure of the Self-Imposed CAP.

***MHNM***

Q3DY2

Action Plan #3	Implementation Date	Completion Date
Regulatory Reports	7/27/2015	In Progress

*Description*

Identify errors in report submission data. Ensure analyses address trends and details of report activity. Perform a quality review of report data and analyses prior to submission to HSD.

*Status*

MHNM has engaged Corporate IT, the Enterprise Project Management Office, and other key resources to complete a priority 1, “State Remediation Report Project.” This project is being actively sponsored at the highest executive levels within the company. Twenty-four state reports have been identified in this project. This initiative involves redesigning and auditing all aspects of the data gathered and submitted for these reports.

Report redesign includes identifying subject matter experts (SMEs) for each report and compiling a data dictionary so data can be pulled using the same logic across multiple reports. The report requirement documents are also being updated to ensure report data is supplied to report owners sooner, increasing the time report owners have to review the data prior to submission to HSD.

This technical design review (TDR) process will yield a high quality report. Due to the enormous amount of data and sourced systems involved in the creation of these reports, the TDR process will

be in progress until it is completed correctly. TDR is an industry standardized best practice and is a proven method that will result in repeatable and systematic quality output for the reports and will result in consistent and high quality reports. The company remains committed to supplying accurate and timely reporting to the Human Services Department (HSD). The TDR method overseen by our top engineering talent, coupled with key NM experts who are focusing on this project, will execute and deliver on this commitment.

March 2016 – MHNM’s State Remediation Report Project encompasses several reports that have been prioritized by “waves.” Each report listed now has a data dictionary, which is part of the normalization process and is a well-established industry standard for data modeling based on business rules and modeling. The data dictionaries for the Wave A reports are 100% complete.

The reports included in this report project are broken down by Waves (tentative dates): Wave A – Preliminary work – Completed by 12/2/15  
 Wave B – Completed by mid-January, 2016  
 Wave C – Completed by mid-April, 2016  
 Wave D – Completed by July, 2016

Report Name & Number	Wave Assignment	Other Actions
Network Adequacy - #3	A	
Self-Directed - #4	Not in project scope	Care coordinator training, change in final analysis process
Admissions/Readmissions - #5	C	Changes implemented in discharge planning process
Care Transition - #7	A	Changes in data collection and final analysis process
ABCB - #9	A	Changes in data collection and final analysis process
Under/Over Utilization - #40	B	Criteria correction, changes in data collection and final analysis process
Utilization Mgmt. - #41	B	
Core Service Agencies - #45	On hold	Changes in configuration, data collection and final analysis process
GeoAccess - #55	C	Changes in final analysis process
School Based Health Ctrs. - #61	C	Changes in data collection and final analysis process

**PHP**

Q3DY2

Action Plan #4	Implementation Date	Completion Date
Environmental Modifications	8/6/2015	In Progress

*Description*

Internal action plan to ensure PHP is using contracted, state registered, and state certified vendors for environmental modifications; modification comport with contract requirements.

*Status*

PHP Clinical Ops notified environmental modification (e-mod) providers in writing that their e-mod authorizations were rescinded. Home Mod Solutions (HMS) was deployed to complete work for rescinded authorizations. Care coordinators trained on e-mod eligibility criteria. A certified e-mod provider list is being sent to Clinical Ops regularly. PHP is working with state agencies to obtain standard e-mod pricing. E-mod provider, Tru Quality, was certified by HSD effective 8/31/2015. Control reports have been developed to ensure claims are paid only to certified e-mod providers. PHP is re-working, end-to-end, the e-mod process. The end-to-end e-mod process will be validated via an external audit. PHP is working with a NM non-profit agency, who has considerable ADA and E-Mod experience. PHP has opted to outsource the administration of the E-Mod construction process in order to obtain experienced architects familiar with ADA regulations and to establish reasonable and standard E-Mod pricing. Contract is in the process of being developed with a tentative start date of March 1, 2016.

**Quarter 1 DY3**

*UHC*

**Q1DY3**

Action Plan #1	Implementation Date	Completion Date
Myers & Stauffer Audit	3/24/16	In progress

*Description*

UHC began an internal action plan to address preliminary findings.

*Status*

3/24/16 – Some of the Myers & Stauffer preliminary findings, such as the delegated entity oversight and claim policy updates, will be tracked and monitored until resolved via self-initiated internal corrective action plan.