

Q4 ATTACHMENT D: MCO Action Plans

Quarter 1 FY14

BCBSNM

Q1FY14

Action Plan #1	Implementation Date	Completion Date
CNA Revision	3/6/2014	10/27/2014

Description

Revisions were made to the CNA template to facilitate a better member experience and to maximize efficiencies.

Status

The enhancements were automated on 10/27/14. This internal action plan has been completed.

BCBSNM

Q1FY14

Action Plan #2	Implementation Date	Completion Date
PCP Auto-Assignment	3/18/2014	10/1/2014

Description

Implementation scheduled to correct PCP auto-assignment logic to allow members 15 days to select a PCP prior to being auto-assigned a PCP.

Status

The new process was implemented on October 1, 2014. The change allows members to have a sufficient time period to make a PCP selection before being auto-assigned one. This internal action plan has been completed.

BCBSNM

Q1FY14

Action Plan #3	Implementation Date	Completion Date
Community Benefit Services Plan Monitoring	3/25/2014	11/30/2014

Description

A plan was developed to improve community benefit service plans by ensuring all care plan goals and safety and health needs were met. System issues and barriers were identified and mitigated and a quality assurance process was implemented.

Status

Since the implementation of this intervention, an increase in correct completion of allocation tools increased from 67% in June 2014 to 87% in July 2014. The audit in July was met. From August through October, BCBSNM continued to pass the audit. BCBS is waiting for the results of the November audit from HSD. This internal action plan is closed.

UHC

Q1FY14

Action Plan #4	Implementation Date	Completion Date
NF LOC Backlog	3/31/2014; Restarted project 7/25/2014	5/30/14; Restarted project 9/5/2014 Closed 10/2/2014

Description

Will identified NF members who have not had a NF LOC determination for an initial or continued stay.

Status

7/25/2014 – Project had been completed but was restarted as of this date. Initial project was to provide additional training to NFs on packet submission and NF LOC process. Project has been restarted to address backlog of NF LOC determinations due to unanticipated volumes and reconciliation of SOC discrepancies. There has not been any identified impact on care and services for UHC NF membership during this clean-up process. The number of NF members is approximately 1,800. 10/2/2014 – Health Services is up-to-date on NF LOC determinations and is meeting the 5 business day TAT.

MHNM

Q1FY14

Action Plan #5	Implementation Date	Completion Date
HRA Completion	1/10/2014	Ongoing

Description

Increase number of completed HRAs.

Status

December Update – MHNM completed 14,291 HRAs from October through December, 2014.

MHNM

Q1FY14

Action Plan #6	Implementation Date	Completion Date
CNA Completion	1/13/2014	Ongoing

Description

Increase number of completed CNAs to meet contractual deadlines.

Status

December Update – MHNM completed, on average, more than 2,000 CNAs per month from September through December, 2014.

MHNM

Q1FY14

Action Plan #7	Implementation Date	Completion Date
Expired/Expiring NF LOCs	1/24/2014	Ongoing

Description

Address high number of expired NF LOCs.

Status

December Update – MHNM experienced a 1% improvement in NF LOC's completed for the months of September through November, 2014. The number of members who did not have NF LOC determinations prior to NF LOC expiration ranged from 17 to 34 in June through November 2014. Members, who were confirmed as continuing services, continued to receive services if the timeline was not met. Their authorizations were extended. MHNM continues to monitor NF LOC status, reminds MHNM staff of NF LOC's due to expire; and, reminds nursing facilities of NF LOC expirations, as appropriate.

MHNM

Q1FY14

Action Plan #8	Implementation Date	Completion Date
Additional Staffing Plan	2/11/2014	Ongoing

Description

Increase staffing to meet contractual guidelines for staffing ratios.

Status

December Update – MHNM continues to evaluate weekly staffing ratio numbers for Level I, Level II and Level III Care Coordinators based on the current membership. The total counts of staff by category are as follows: Level I – 213, Level II – 182, Level III – 107 (502 total).

MHNM

Q1FY14

Action Plan #9	Implementation Date	Completion Date
HRA Completion	2/27/2014	Ongoing

Description

Address completion of HRAs and CNAs for transitioning members.

Status

December Update – MHNM reduced the number of unreachable members from 44,323 to 35,642 as reported to HSD on December 1, 2014. This represents a 20% improvement from the baseline reported on August 19, 2014.

PHP

Q1FY14

Action Plan #10	Implementation Date	Completion Date
COBA Claims Processing	1/1/2014	10/30/2014

Description

Improve accuracy in processing COBA claims.

Status

Audit claims. Adjustment of claims completed and education delivered. Ongoing audit, review and education. Programming changes to auto-populate fields in Facets.

Quarter 2 FY14

BCBSNM

Q2FY14

Action Plan #1	Implementation Date	Completion Date
Reduction in Care Requests	4/14/2014	10/1/2014

Description

A review of the process and criteria was conducted to ensure that reduction in care requests submitted for approval were appropriate and had all the desired data elements. Steps were implemented to ensure submission were in alignment with HSD criteria.

Status

A significant decrease in clarification communications between HSD and BCBSNM has now occurred. This saves both parties valuable time and expedites approvals in appropriate situations for the member.

BCBSNM

Q2FY14

Action Plan #2	Implementation Date	Completion Date
Replacement Member Materials	5/9/2014	12/26/2014

Description

A review of the enrollment software was conducted to identify cases where replacement materials were not being triggered. Updates were made and quality assurance steps were implemented to meet the 10 day mailing requirement.

Status

Since the implementation of this intervention, the numbers have improved. BCBSNM is continuing to monitor response times to ensure contract compliance.

BCBSNM

Q2FY14

Action Plan #3	Implementation Date	Completion Date
DOH Claims	6/23/2014	10/1/2014

Description

BCBSNM has provided outreach to all DOH facilities in order to ensure all of their claims are processing accurately and timely. These outreach efforts have proven to be effective as they have strengthened the MCOs' relationships with these entities by building trust and providing them with all needed resources/tools for any questions they may have.

Status

There have been no recent claims issues from DOH facilities. Regular claim check-in meetings have been established for agencies interested in holding them.

BCBSNM

Q2FY14

Action Plan #4	Implementation Date	Completion Date
Native American Advisory Board Meetings	6/1/2014	Ongoing

Description

BCBSNM would like to increase member participation during the Native American advisory board meetings. BCBSNM's observations from previous meetings are that the attending agencies were very active in the meeting and members became disengaged. The tribal liaisons are updating their strategy to hold future meetings during the week and exploring the idea to divide the meeting into sections for members and for providers to allow greater participation.

Status

BCBSNM is continuing to monitor outcomes of this process improvement. BCBSNM's November meeting consisted of 4 members which is the same number of attendees as in August. BCBSNM's goal is to have representation of 2% of its Native American member population participate. The next meeting is tentatively scheduled for March 25, 2015. BCBSNM's updated strategies for 2015 include, but are not limited to: holding meetings in areas where more Native American's reside; increasing the number of meetings; meeting with Tribal leaders in order to build relationships with members and providers and providing education on the paradigm shift from FFS; partnering with Care Coordinators and providers; and, creating a more official letter for meetings rather than using a postcard.

BCBSNM

Q2FY14

Action Plan #5	Implementation Date	Completion Date
Claims Processing Accuracy	4/15/2014	10/1/2014

Description

During the first quarter reporting period, error codes were cited in six of the 14 HSD defined categories. To help improve accuracy, BCBSNM has done the following:

1. Staffing education is conducted for all areas of findings that have been cited:
 - A. Ongoing training is being conducted as additional opportunities are identified.
 - B. Documentation is updated and distributed to the staff when identified.
 - C. Individual feedback is provided to the operators to confirm understanding.
 - D. Claims are being distributed to individuals based on expertise and understanding of claim complexity.
2. Pricing Errors – Provider networking has been updating the pricing system according to pricing agreements. Claims are routed to them for pricing confirmation when the system has not been updated.
3. Policy Violations – Staffing additions and optimizations have been employed including:
 - A. Optimization of workflows.
 - B. Working overtime hours.
 - C. Systematic fixes to issues continued to be pursued, improving timeliness.
4. Remaining Findings – Feedback was provided to the individual operators and we continue to monitor for any developing trends.

Status

Claims are being processed timely and accurately.

UHC

Q2FY14

Action Plan #6	Implementation Date	Completion Date
CNP/CNS BH Provider Loading	5/1/2014	11/7/2014

Description

Update behavioral health fee schedules to include appropriate payment of CNP/CNS providers. Providers are on target for loading and completion of all fee schedules as of 7/1/2014.

Status

All fee schedules were adjusted as of 8/15/2014. Adjustments are in process for 2,315 providers and are scheduled to be completed by 10/31/2014. The adjustment requests were completed on 11/7/2014.

UHC

Q2FY14

Action Plan #7	Implementation Date	Completion Date
Vision Care Recruitment	5/8/2014	In Progress

Description

To alleviate service provider gaps caused by loss of Walmart Vision Centers. Grant County is 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.

Quarter 3 FY14***BCBSNM***

Q3FY14

Action Plan #1	Implementation Date	Completion Date
HSD General Project Plan	8/1/14	10/1/2014

Description

One comprehensive project plan was created to capture deliverable and reporting activities required by HSD including relatively minor activities including ad hoc activities (e.g. implementation of new forms, clarified information, rate increases, etc.).

Status

The new project plan system is fully operational and ensures that all requests and information provided is continually monitored and overall quality and compliance are maintained.

BCBSNM

Q3FY14

Action Plan #2	Implementation Date	Completion Date
HSD Clarification Requests	8/1/14	10/1/2014

Description

Created a detailed process to track all the clarification requests and responses from HSD and also tracks open items. This log also identifies an archival location for retrieval purposes.

Status

Implemented the log which has facilitated a more organized approach to work with staff and HSD.

UHC

Q3FY14

Action Plan #3	Implementation Date	Completion Date
State Mailing Address	8/1/2014	In Progress

Description

The UHC Claims Platform code logic is that if the mailing address does not have 2 address lines, then it defaults to the residential address (residential is where the South Pacheco address is stored).

Status

UHC has proposed a system correction to stop requiring the mailing address have a second line. The modification will be scheduled for a software release on the claims platform. Software is released on a quarterly basis. UHC is waiting for a firm date that the modification will be implemented. Implementation is set for 4/20/2015.

UHC

Q3FY14

Action Plan #4	Implementation Date	Completion Date
Logisticare	8/28/14	10/15/2014

Description

Transportation Network was not meeting GEO Access Requirements in certain areas.

Status

UHC and Logisticare surveyed their provider roster and reran the GEOs using Provider Service Location. This impacted the GEOs to where all counties met state access requirements except Catron, Quay and Harding. Logisticare is doing a final survey to ensure no other providers exist in each of these areas.

UHC

Q3FY14

Action Plan #5	Implementation Date	Completion Date
Care Coordination Desk Audit	9/2/2014	10/2/2014

Description

Findings included 5 items for immediate remediation based on member record documentation review. Additional findings were “needs improvement areas” which are addressed in a separate project plan.

Status

10/2/2014 - Submitted plan and evidence on immediate remediation items as directed by HSD. Also provided HSD with project plan on improving documentation in various areas of assessments, care coordination activities, care plans, etc.

UHC

Q3FY14

Action Plan #6	Implementation Date	Completion Date
Critical Incidents	9/16/2014	In Progress

Description

Improve untimely and incomplete Critical Incident (CI) case documentation to address health and safety concerns, and satisfy HSD Quality Bureau's expectations for management of CIs.

Status

UHC has implemented the following:

Address Staff Performance: Ongoing random quality spot checks by a quality manager will be implemented. UHC's CI team implemented performance metrics in quarter two for CI functions for both the administrative and clinical staff as well as a daily dashboard to monitor ongoing performance. Twice-weekly morning "huddles" were implemented in quarter two to review the dashboard noted above with all CI staff. CI staff one-on-one meetings were increased in frequency in August 2014. They were moved from bi-monthly to weekly in order to closely monitor individual performance. A CI team meeting was increased to weekly in mid-September during which the dashboard and work plan are reviewed and updated.

Regular case review meetings between the medical directors and CI RNs was reinstated due to challenges in scheduling time with the doctors on an "as needed" basis. Update P&P to require use of a tickler system created in UHC's database for tracking case status and follow-up requirements. Additional, temporary support has been engaged to assist the CI team in reviewing and closing open cases.

UHC

Q3FY14

Action Plan #7	Implementation Date	Completion Date
Logisticare	9/16/2014	In Progress

Description

Excessive member complaints and transportation services

Status

The following tasks have been completed. Expanded vehicle fleets with existing providers by 30 vehicles. Quarterly Provider Meeting – Held provider meeting with focus on complaints and customer service. Daily Operational Review – Region Manager completing daily review for prior day trip cancellations due to provider late/no show. Weekly Operational Meeting with routers to review trip trends. Region Manager completing weekly service reviews with top providers. Complaint Follow Up – Region Manager monitoring complaint responses to ensure all responses are returned, follow up as necessary. Logisticare and UHC have met to work through ways to prevent members from not receiving care due to transportation issues.

UHC

Q3FY14

Action Plan #8	Implementation Date	Completion Date
Regulatory Reports	9/30/2014	In Progress

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 5 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 5 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.

PHP

Q3FY14

Action Plan #9	Implementation Date	Completion Date
NF LOC Timelines	8/15/2014	10/15/2014

Description

Turnaround times (TATs) for NF LOC determination will occur within five business days of receiving a completed packet.

Status

Beginning in July, a new LTC UM Manager was hired to more oversee the LTC UM program. The number of LTC UM Reviewers was increased from 3 to 6. All newly hired staff have experience with the NM Centennial Care Program and have received a comprehensive training and onboarding orientation at PHP. Newly created tracking reports have been developed to track receipts more accurately as well as compliance with turnaround times. Processes between the LTC Care Coordination team and the LTC UM team have been streamlined to improve communication and the transfer of documentation to improve handoffs.

PHP

Q3FY14

Action Plan #10	Implementation Date	Completion Date
Care Coordination	10/2/2014	12/31/2014

Description

Response to HSD Desk Audit (September desk audit)

Status

The activities for this action plan will be captured in the care coordination action plan response, provided as a result of HSD's desk audit.

Quarter 4 FY14

BCBSNM

Q4FY14

Action Plan #1	Implementation Date	Completion Date
NF LOC Inventory	12/16/2014	Ongoing

Description

BCBSNM imposed this internal action plan to determine the status of its NF LOC inventory and eliminate any backlog; improve timeliness of utilization management (UM) decisions; and, improve communication and coordination between care coordination (CC)/UM programs.

Status

The Health Care Management team focused on the analysis of the expired NF LOC inventory by determining the status of each NF LOC in the backlog; prioritizing the inventory according to the criteria described in the action plan; and, identifying any barriers in the process impeding NF LOC completions. As a result, the team developed and implemented a plan to aggressively address the expired NF LOC inventory based on identified barriers and recommendations from the HCSC Rapid Response Team (RRT). The process improvement plan focus is on changes to the work flow and interventions in 3 key areas: training, decision support, and non-clinical support. The HCM team goal is to achieve a final disposition for the expired NF LOC backlog within 90 days.

BCBSNM

Q4FY14

Action Plan #2	Implementation Date	Completion Date
Logisticare/Transportation	12/16/2014	Ongoing

1 – LogistiCare is working with network transportation providers that may potentially place a vehicle in the remote areas (counties) with gaps (Catron, Rio Arriba, and Guadalupe). The providers are: We Care, New Mexico Ride, Care Express, Shi Ma, and Alaago.

Alaago Transportation – added three new vehicles. Rio Arriba and Catron are target counties.

We Care – added 6 vehicles. Placement has not been determined as the provider is top-grading fleet. Target counties are Rio Arriba and Guadalupe.

New Mexico Ride – added 3 vehicles as of current update, 1/19/2015. Guadalupe county is the target county.

Care Express – added 4 vehicles with 1 vehicle targeted for remote area placement in Rio Arriba county.

Shi Ma – added 3 additional cars. Placement area has not been determined. Provider is a Four Corners and Navajo Nation based provider. Provider has not determined placement of vehicles as driver recruitment for gap areas is in process. Target counties are Rio Arriba & Catron.

2 – Our recommendation to recruit volunteer drivers in those areas is also in process. A volunteer driver mailer would require the plan’s approval to mail to current gas reimbursement recipients who have been identified as potential volunteers. This is based on their proximity to the remote (rural) areas. Other recruiting efforts can be done in the following areas: local church groups, Elks lodges, VFWs, Moose lodges, and local clubs and associations.

No new volunteer drivers added as of this update, 1/19/2015. Initial paperwork has been given to two potential candidates and awaiting return of documents from these individuals. Recruitment efforts will be on an ongoing basis.

3 – Network development efforts in these rural areas are to continue to identify potential transportation providers that are community-based and create an interest with these individuals to bring them in network as a LogistiCare transportation provider.

There have been several potential new transportation providers identified, with interest in possible contracting. One has begun the process of applying for their Public Regulation Commission (PRC) number. Network development efforts will continue in these areas to address the rural area gaps. A second potential provider has started the PRC application process with the intent to contract with LogistiCare. A third potential provider has contacted LogistiCare with interest in contracting. Contact was made first week of January 2015. Status of Public Regulation Commission number unknown.

4 – Tribal Advisory meeting attended by LogistiCare in Taos NM on December 4, 2014. LogistiCare presentation addressed opportunity and need for tribal entities to potentially contract with LogistiCare as transportation providers assisting their area.