

## Q2DY2 ATTACHMENT D: MCO Action Plans

Action plans are organized in chronological order from oldest to newest by MCO.

### 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	In Progress

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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 June 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.

### Quarter 3 DY1

#### *UHC*

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#### Q3DY1

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Action Plan #1	Implementation Date	Completion Date
Logisticare (complaints)	9/15/2014	In Progress

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#### *Description*

Excessive member complaints about 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. Some of these efforts include: Quarterly Logisticare Transportation Provider meetings that include discussion, training and coaching network providers on Logisticare Provider Line usage to coordinate,

prevent and proactively address transportation issues. Inform and Educate members, during Member Advisory meetings, on the Logisticare “Where’s My Ride” line to empower members with a communication tool with the transportation network, if they are experiencing transportation issues. 4/16/2015 – Goals for improvement and timeframes have been established by UHC and accepted by HSD. HSD expects all goals to be met within timeframes. 7/7/2015 – Logisticare continues to work its action plan and monitor all members who have had more than one grievance for any service problems. Logisticare is also working to improve service given to members by the call center. 07/15/2015 – UHC provided an action plan update reflecting a 43% reduction.

***UHC***

**Q3DY1**

Action Plan #2	Implementation Date	Completion Date
Regulatory Reports	9/30/2014	1/15/2015; Re-opened - 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 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 then a report extension request 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 request will be submitted to HSD. This will ensure to the best of UHC’s knowledge timely and accurate contractual reports. UHC states that November 2014 monthly reports were submitted timely to HSD on December 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.

***UHC***

**Q3FY14**

Action Plan #4	Implementation Date	Completion Date
Logisticare (GeoAccess)	8/28/14	10/15/2014; Re-opened - In Progress

*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. 4/16/2015 – Goals for improvement and timeframes have been

established by UHC and accepted by HSD. HSD expects all goals to be met within timeframes. 6/10/2015 – UHC provided an action plan update to HSD demonstrating geographic access compliance. UHC is awaiting response from HSD regarding the updated GeoAccess data and will consider closure.

***UHC***

Q3FY14

Action Plan #5	Implementation Date	Completion Date
Care Coordination Desk Audit	9/2/2014	10/2/2014; Re-opened - In Progress

*Description*

Findings included 5 items for immediate remediation based on member record documentation review. Additional findings included areas where improvement was needed.

*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. 12/16/14 – Training on documentation protocols was completed for all care coordination staff as of 10/31/14. Further auditing of member records assigned to random care coordinators have been evaluated with targeted feedback provided to staff continues to occur. Audits reflected improvements in documentation in both assessments and notes within the member records. 7/7/15 - UHC is completing the final training pieces identified in the project plan for care coordination documentation based on the December 18, 2014 audit conducted onsite by HSD. HSD reported that UHC made progress on documentation protocols and had a few additional items that needed to be addressed through further education.

**Quarter 4 DY1**

***BCBSNM***

Q4DY1

Action Plan #3	Implementation Date	Completion Date
Logisticare/Transportation	12/16/2014	Ongoing

*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.

**Quarter 1 DY2**

***BCBSNM***

**Q1DY2**

Action Plan #1	Implementation Date	Completion Date
Nurse Advice Line (NAL)	1/26/2014	7/7/2015

*Description*

The Nurse Advice Line did not meet performance metrics for wait times less than 30 seconds in November and December 2014 and January and February 2015.

*Status*

1. BCBSNM and its Nurse Advice Line vendor created a plan which includes the following:
  - 14 additional new hires began taking calls January 9, 2015;
  - 9 additional new hires began taking calls February 20, 2015; and,
  - 11 additional new hires will begin taking calls March 27, 2015.
2. Limited time off for existing staff and increased staff work hours.
3. BCBSNM staff are meeting with the vendor to monitor stats.
4. The Delegation Oversight Team will present a formal report to the Delegation Oversight Committee.
5. Metrics were met for the month of March. Continual monitoring will take place to ensure performance metrics are met.

Metrics have continuously been met for the months of March, April and May. June results have not been received at this time. Due to the positive trend, the action item is now considered closed however, continual monitoring will continue to take place.

***PHP***

**Q1DY2**

Action Plan #2	Implementation Date	Completion Date
Magellan Behavioral Health	12/12/2014	Ongoing

*Description*

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

*Status*

A detailed Quality Improvement Plan was provided to HSD on December 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 – 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 July 31, 2015. Another re-audit will occur in October to evaluate effectiveness of these interventions.

***PHP***

**Q1DY2**

Action Plan #3	Implementation Date	Completion Date
Care Coordination Desk Audit	4/2/2015	7/6/2015

*Description*

Addresses all items from the December 7, 2014 re-audit of the Care Coordination functions that were categorized as requiring action, six items in total.

*Status*

PHP provided a re-audit plan on April 2, 2015. Trainings for care coordinators have been completed in various areas and on-going training continues. Care coordination record discrepancies are resolved. HRA outreach continues with various methods of engaging members. Remediation actions are complete.

**Quarter 2 DY2**

***MHNM***

**Q2DY2**

Action Plan #1	Implementation Date	Completion Date
Reports 41 and BH Ad Hoc	5/15/2015	Ongoing

*Description*

Incorrect, inaccurate, and/or incomplete data identified with Report 41. Question regarding accuracy for the Behavioral Health (BH) ad hoc report. MHNM worked with Centennial Care staff to better understand the parameters of this report. There were five rejections of quarter one data that are subject to sanction and have been submitted for final review and approval. MHNM is committed making the necessary technical and internal review changes to submit a corrected report on August 28, 2015.

*Status*

In the Behavioral Health ad hoc report, the "Other" county values show very high values. Molina did not include this as part of the corrective action plan because, according to the MCO, the numbers are accurate. Several factors explain the high volume including: MHNM has a significant number of members in southern New Mexico who receive care in El Paso, Lubbock, and other Texas facilities; MHNM has members in out-of-state residential treatment centers (RTCs) which account for a significant portion of claims payments reported in "Other"; and, MHNM has Native American members who frequently receive services in Arizona. Applicable revisions will be submitted for Report 41, Utilization Management.

