Q4DY2 ATTACHMENT D: MCO Action Plans

Quarter 2 DY1

UHC

Q2DY1		
Action Plan #1	Implementation Date	Completion Date
Vision Care Recruitment	5/8/2014	12/31/2015

Description
This plan was created to alleviate service provider gaps caused by the 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, and still awaiting Medicaid IDs. Upon receipt of Medicaid IDs, the network will be restored and the action plan closed out. 1/6/2016 – March Vision completed re-contracting with the Walmart locations. All locations and providers are now active, and the previous gaps are closed.

Quarter 3 DY1

UHC

Q3DY1		
Action Plan #1	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 five business days prior to the Human Services Department (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 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 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. 1/6/2015 – UHC is monitoring its progress utilizing its internal corrective action plan process.

Quarter 4 DY1

BCBSNM

Q4DY1		
Action Plan #1	Implementation Date	Completion Date
Logisticare/Transportation	12/16/2014	In Progress

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 complaints 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. Update – 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.

10/6/2015 – 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. 1/4/2016 – Beginning September 2015, BCBSNM, along with the other MCOs, collaboratively created a workgroup that met and prepared a project plan. The project plan 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 which 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.

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 (QIP) was put into place to ensure contractual compliance.

Status
A detailed QIP 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 intervention/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. December 2015 – Magellan hired a clinical auditor who will be responsible for conducting care coordination audits and monitoring compliance. New operational reports were developed and implemented. Compliance with care coordination requirements are monitored through weekly reporting. Care coordination supervision policies and procedures have been revised to support identified compliance concerns. 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

Quarter 2 DY2

MHNM

Q2DY2		
Action Plan #1	Implementation Date	Completion Date
Reports 41 and BH Ad Hoc	5/15/2015	12/31/2015

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 have been multiple 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.

Status
Molina Healthcare of New Mexico, Inc. (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. This initiative involves redesigning and auditing all aspects of the data gathered and submitted for these reports. This action plan is closed and consolidated with the Regulatory Reports action plan listed in Quarter 3 DY2.

Quarter 3 DY2

BCBSNM

Q3DY2		
Action Plan #1	Implementation Date	Completion Date
Davis Vision	8/25/2015	In Progress

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

10/6/2015 – 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 (PMF) 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. 1/4/2016 – On 12/24/2015, Davis Vision provided BCBSNM with its process for handling complaints received from vision providers who may have received a request for their Medicaid Acceptance Letter prior to the 8/25/2015 corrective action effective date. Davis Vision verified that the Acceptance Letters are not in circulation and will address any provider issues on a case-by case basis. If a provider contacts BCBSNM or Davis Vision due to the receipt of this letter, Davis Vision will explain and educate the provider that they must be registered with the State. Davis Vision will determine if a vision provider is registered with the State by verifying the PMF. BCBSNM implemented this process in September and it has been a successful process.

BCBSNM

Q3DY2		
Action Plan #2	Implementation Date	Completion Date
Logisticare – Call Metrics	9/15/2015	12/28/2015

Description

Logisticare's call metrics: Average Speed of Answer, Abandonment Rate, and Service Levels were not meeting contract requirements.

Status

10/06/2015 – As call metric reports were being monitored, it was discovered that LogistiCare's call center was not meeting the contract standards for: average speed of answer (ASA), abandonment rate, and service level for the month of July 2015. As such, BCBSNM placed LogistiCare on an action plan to bring the call metric up to the required standards. The action

plan states that BCBSNM will monitor for 3 months (August, September and October 2015). The metric levels in regards to call center operations should be: ASA ≤ 30 seconds, service level (percentage of calls answered within 30 seconds) ≥ 85%, and the abandonment rate should be < 5 percent. As of 10/5/2015, LogistiCare call metrics are meeting all requirements from August 2015 to present. 1/4/2016 –The LogistiCare call metric standards were met in August, September and October 2015. On 12/16/2015, NM Medicaid Operations Delegation Oversight Coordinator proposed to the Delegation Oversight Committee (DOC) to close this corrective action plan due to LogistiCare having met all standards for three months. On 12/28/2015, DOC closed the July Call Metrics corrective action plan. NM Medicaid Operations Delegation Oversight Coordinator will continue to monitor these standards.

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. 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 HSD. The TDR method overseen by our top engineering talent, coupled with key New Mexico experts who are focusing on this project, will execute and deliver on this commitment.

December 2015 Update – 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.

WAVE A:

Report #	Report Name	Status
1	Native American Members Report (quarterly)	83% complete – New completion date 2/15/2016
8	Level of Care Report	70% complete – New completion date 2/15/2016
9	Agency-based Community Benefit Report	99.9% complete – New completion date 1/30/2016
45	CSA Report (quarterly)	90% complete – BHSD revisions – awaiting HSD approval of final template
n/a	Statistics Report	99.9% complete – TA call with HSD for further clarification.

WAVE B:

Report #	Report Name	Status
6	Care Coordination Report	2% complete – New completion date 5/15/2016
7	Care Transitions Report	0% complete – Started compiling requirements and data dictionary. New completion date 6/29/2016
11	Unreachable Member Report	0% complete – New completion date 6/29/2016
40	Over/Under Utilization of Services Report – (quarterly and annual supplement)	27% complete – New completion date 2/28/2016
41	Utilization Management Report – (quarterly and annual supplement)	5% complete – New completion date 3/30/2016 *
45	CSA Report – (annual supplement)	90% complete – BHSD revisions – awaiting HSD approval of final template
1	Native American Members Report – (annual supplement)	83% complete – New completion date 2/15/2016

WAVE C:

Report #	Report Name	Status
3	Network Adequacy Report	0% complete – Started compiling requirements and data dictionary. – New completion date 5/29/2016
5	Admissions and Readmissions Report	0% complete – Started compiling requirements and data dictionary. – New completion date 5/29/2016.
42	Prior Authorization Report	0% complete – Started compiling requirements and data dictionary.
53	PCP Report	0% complete – Started compiling requirements and data dictionary.
55	Geographic Access Report	0% complete – Started compiling requirements and data dictionary. – New completion date 7/31/2016
61	Medicaid School-Based Health Centers (SBHC) Report	0% complete – Started compiling requirements and data dictionary.

WAVE D:

Report #	Report Name	Status
48		0% complete
51		0% complete

* The Report Remediation Project, through the local health plan finance and healthcare analytics team, included a stop-gap solution based on local claims expertise. Each category was reviewed in depth and all claim lines were assigned categories. In this manner, the 2014 annual supplement report was corrected for submission to HSD. Likewise, 2015 reports for Q1, Q2 and Q3 were completed, and the project was moved out of Wave A in order to focus on other reports. This part of the project plan is 100% complete. The Report Remediation Project was then elevated to a corporate project level with more detailed system changes scheduled for completion. Report 41 was reassigned to Wave B, and is 5% complete for this portion of the corporate project plan.

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. December 2015 – PHP has contracted with an additional five e-mod providers since they were added to the state approved list after August 2015. A certified e-mod provider list has been provided to PHP Clinical Ops on a monthly basis since September 2015. Control reports for e-mod claims are reconciled regularly by PHP Provider Network Management (PNM) to ensure that e-mod claims are not paid to non-state approved providers. PNM is developing a standard letter to send to all e-mod providers informing them of the home modification costs allowable under Centennial Care – this will be sent to HSD for review/approval. An external audit to validate the end-to-end e-mod process has been completed and a final report is being written by the external auditor. PHP is working with a New Mexico non-profit agency that has considerable Americans with Disabilities Act (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. The contract is in the process of being developed with a tentative start date of March 1, 2016.