

Q3DY2 ATTACHMENT D: MCO Action Plans

Quarter 2 DY1

UHC

Q2DY1

Action Plan #1	Implementation Date	Completion Date
Vision Care Recruitment	5/8/2014	In Progress

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

Q3DY1

Action Plan #1	Implementation Date	Completion Date
Logisticare (complaints)	9/16/2014	Closed 9/2/2015

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. 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 with an update. The status of the action plan is due to HSD on 7/15/2015. On 9/2/2015 HSD accepted UHC's recommendation to this internal action plan.

UHC

Q3DY1

Action Plan #2	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 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.

UHC

Q3DY1

Action Plan #3	Implementation Date	Completion Date
Logisticare (GeoAccess)	8/28/2014	Closed 9/2015

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.

6/10/2015 – Submitted a response to HSD demonstrating geographic access compliance. UHC is awaiting response from HSD regarding the updated GeoAccess data. In addition, UHC will complete the CAP spreadsheet and send a document with a cover letter for confirmation of action plan closure. 9/28/2015 – On 7/15/2015 UHC notified HSD that Logisticare had 96 substantiated grievances for Q2 CY15 and met their reeducation goal. On 9/9/2015, HSD required that MCO's create a transportation workgroup to discuss and implement improvements related to transportation issues, including standardizing reporting and tracking. HSD suggested that the MCOs consider a methodology for categorizing or weighting transportation related complaints/grievances by severity; developing a category for sentinel events based on adverse outcomes (member misses dialysis or surgery due to transportation no-show or late, etc.) might be helpful. UHC submitted a formal action plan closure request.

UHC

Q3DY1

Action Plan #4	Implementation Date	Completion Date
Care Coordination Desk Audit	9/2/2014	Closed 9/28/2015

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. 7/7/2015 - 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. 9/28/2015 – Action plan to address identified opportunities to improve care coordination documentation has been closed. UHC continues to conduct internal audits of care coordination documentation as part of its standard 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 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.

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.

Quarter 2 DY2

MHNM

Q2DY2

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

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 8/29/2015.

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.

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 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.

Quarter 3 DY2

BCBSNM

Q3DY2

Action Plan #1	Implementation Date	Completion Date
Davis Vision – Provider Acceptance Letter	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

10/06/2015 – 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.

BCBSNM

Q3DY2

Action Plan #2	Implementation Date	Completion Date
Logisticare – Call Metrics	9/15/2015	In Progress

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 CAP states that BCBSNM will monitor for 3 months (August, September and October 2015). The metrics levels in regards to call center operations should be: ASA = 30 seconds or less, service level (percentage of calls answered within 30 seconds) should be 85% or better, and the abandonment rate should be less than 5 percent. As of 10/5/2015, LogistiCare call metrics are meeting all requirements from August 2015 to present.

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.

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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.