

Q1DY2 ATTACHMENT E: MCO Action Plans

Quarter 1 DY1

MHNM

Q1DY1

Action Plan #1	Implementation Date	Completion Date
HRA Completion	1/10/2014	3/31/2015

Description

Increase the number of completed HRAs.

Status

December update – MHNM completed 14,291 HRAs from October through December, 2014. April update – MHNM completed 5,989 HRAs on new to Medicaid members during the first quarter of 2015. Action item closed.

MHNM

Q1DY1

Action Plan #2	Implementation Date	Completion Date
CNA Completion	1/13/2014	3/31/2015

Description

Increase the 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. April update – MHNM uses a team to schedule CNAs. There were 5,526 CNAs completed during 2015. Action item closed.

MHNM

Q1DY1

Action Plan #3	Implementation Date	Completion Date
Expired/Expiring NF LOCs	1/24/2014	3/31/2015

Description

Address the 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. April update - Based on data reported in 2014 and Q1 2015, Molina has developed a new tracking tool to identify members with expiring

NFLOCs that is being implemented in Q2 2015. The new NFLOC tool will be an automated report by Care Coordinator that has 4 tabs. The report will include those members who are 120-days out, 90-days out, 60-days out, and 45-days out. In addition to this monthly report, care coordinators are also notified via email if any member is due to expire within the next ten days. This email also goes to the care coordinators' manager and their director. Action item closed.

MHNM

Q1DY1

Action Plan #4	Implementation Date	Completion Date
Additional Staffing Plan	2/11/2014	3/31/2015

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). April update - Molina 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 = 108, Level II = 247, Level III = 98 for a total of 453 Care Coordinators. Action item closed.

MHNM

Q1DY1

Action Plan #	Implementation Date	Completion Date
HRA Completion	2/27/2014	12/31/2015

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. There are no longer transitioning members in Centennial Care as of December, 31, 2014. Action item closed.

Quarter 2 DY1

BCBSNM

Q2DY1

Action Plan #1	Implementation Date	Completion Date
Native American Advisory Board Meetings	6/1/2014	4/15/2015

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

During the March 2015 Native American Advisory Board meeting, BCBSNM had a total of 38 total attendees (members, staff and guests), 23 of which were members. This demonstrated a significant improvement of member attendance from the 2014 meetings.

UHC

Q2DY1

Action Plan #2	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 June 30, 2015, or sooner, once Walmart is back in-network.

Quarter 3 DY1

UHC

Q3DY1

Action Plan #1	Implementation Date	Completion Date
State Mailing Address	8/1/2014	3/14/2015

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 April 20, 2015. Update: Production began on March 14, 2015. Action item closed.

UHC

Q3DY1		
Action Plan #2	Implementation Date	Completion Date
Critical Incidents	9/16/2014	Closed – no date provided.

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 were 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

Q3DY1		
Action Plan #3	Implementation Date	Completion Date
Logisticare	9/16/2014	In Progress

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.

UHC

Q3DY1		
Action Plan #4	Implementation Date	Completion Date
Regulatory Reports	9/30/2014	1/15/2015

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 December 15, 2014, and that its process is working appropriately.

Quarter 4 DY1

BCBSNM

Q4DY1		
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's action plan for decreasing NF LOC inventory was closed on March 12, 2015. All of the expired NF LOC inventory was completed.

BCBSNM

Q4DY1

Action Plan #2	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 has data for 22 of the 39 grievances as follows.

- 13 of the 22 appear to be valid no shows
- 5 of the 13 valid no shows were rescheduled
- 1 of the 13 valid found alternate transportation
- 9 of the 22 appears to be late and not a no show
- 14 of the total 39 provider issues are related to We Care Transportation and New Mexico Ride Inc

BCBSNM updates HSD regarding progress on a bi-weekly basis.

Quarter 1 DY2

BCBSNM

Q1DY2

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

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.

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.

PHP

Q1DY2

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

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 on-track.