Q2DY3 ATTACHMENT E – MCO Action Plans

Quarter 1 DY2

PHP

Q1DY2		
Action Plan #1	Implementation Date	Completion Date
Magellan Behavioral Health	12/12/2014	Closed 4/7/16

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.

Magellan has hired a clinical auditor who will be responsible for conducting care coordination audits and monitoring compliance. New operational reports have been developed and implemented. Compliance against care coordination requirements are monitored through weekly reporting. Care coordination supervision policies and procedures have been revised to support compliance concerns identified in the CAP. 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 for conducting independent care coordination audits including those done by Magellan care coordinators.

Recent internal care coordination audit has documented improved performance after implementation of staffing changes and increased emphasis on process and quality control measures. This issue is expected to be closed by 4/15/16. On-going internal care coordination auditing will continue to ensure contract compliance for all care coordination functions.

Quarter 3 DY2

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.

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 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.

March 2016 – 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.

June 2016 - Self-Directed Report #4 and Agency-Based Community Benefit Report #9 have been completed and removed from Report Remediation Project.

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	B	Deliverable date revised to 8/15/16 – 15% overall completion – data cleanup is the current focus needed to proceed with requirement defining.

Admissions/Readmissions - #5	Out of Wave Assignment	Removed from Report Remediation project to Analytics for logic and report design on 4/4/16.
Care Transition - #7	Out of Wave Assignment	Removed from Report Remediation project to Analytics for logic and report design on 4/4/16.
Under/Over Utilization - #40	A	Data definitions clarified with HSD, which changed requirements for programming. New deliverable date 6/30/16.
Utilization Mgmt. - #41	A	15% complete – Awaiting business approval of RRD. Annual supplement removed from project scope.
Core Service Agencies - #45	On hold	Changes in configuration, data collection and final analysis process
GeoAccess - #55	Out of Wave Assignment	Removed from Report Remediation project to Analytics for logic and report design on 4/4/16.
School Based Health Ctrs. - #61	Out of Wave Assignment	Removed from Report Remediation project to Analytics for logic and report design on 4/4/16.

PHP

Q3DY2

Action Plan #4	Implementation Date	Completion Date
Environmental Modifications	8/6/2015	Closed 4/7/16

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. PHP is working with a NM non-profit agency, who has considerable 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. Contract is in the process of

being developed with a tentative start date of March 1, 2016. 4/7/16 PHP closed this Internal Corrective Action Plan. PHP is currently contracting with only state registered and state certified contractors. Monthly updated lists are being provided to the organization. E-Mod claims are being reconciled. PHP continues to finalize a contract with the NM non-profit agency with vast experience with ADA and E-Mod specifications – this work will continue.

Quarter 1 DY3

UHC

Q1DY3		
Action Plan #1	Implementation Date	Completion Date
Myers & Stuaffer Audit	3/24/16	In progress

Description
UHC began an internal action plan to address preliminary findings.

Status
3/24/16 – Some of the Myers & Stauffer preliminary findings, such as the delegated entity oversight and claim policy updates, will be tracked and monitored until resolved via self-initiated internal corrective action plan. Other identified items will likely to be included in a directed corrective action plan (DCAP). Details regarding the DCAP will be presented in the Q3 DY3 report after formal notice has been provided to the MCO.

Quarter 2 DY3

BCBSNM

Q2DY3		
Action Plan #1	Implementation Date	Completion Date
Report #2	5/1/16	Closed 6/15/16

Description
Report #2 was not being completed accurately for three (3) Nurse Advise Line Warm Transfers metrics:

(1) Number of Warm Transfers from Nurse Advice Line to Care Coordination
(2) Number of Transfers that were Not Warm for which a call had to be returned within 30 minutes
(3) Number of Warm Transfers from Nurse Advise Line to Outside Sources

Status
6/15/16 – BCBS's was contracted with McKesson Corp. for Nurse Advice Line functions. McKesson Corp was acquired by Comvest Partners who renamed the company AxisPoint Health. BCBSNM was engaged in defining report requirements to identify warm transfer information specific to New Mexico prior to the acquisition. BCBSNM worked with McKesson and AxisPoint to transfer Nurse Advice Line activities to meet reporting requirements. The transfer of these activities to the new AxisPoint account management team was scheduled to be complete in May 2016. BCBS has been working closely with the new account manager to ensure that warm transfers occur, via the process used for warm transfers from the Customer Service Center

to the Care Coordination Team. In addition, the transition includes ensuring AxisPoint is accurately capturing and reporting all "warm transfers" (from the Customer Service Center to the Nurse Advice Line as well as from the Nurse Advice Line to the Customer Service Center) on future reports.

Report is now being generated to include data for warm transfers and being placed on Report #2 starting with May 2016 data.

Quarter 2 DY3

BCBSNM

Q2DY3

Action Plan #2	Implementation Date	Completion Date
Comprehensive Care Plan Data	01/21/2016	Closed 06/10/2016

Description

Comprehensive Care Plan (CCP) letters were not triggered automatically when information was inputted into the system that a CCP was completed; therefore, causing missing CCP completion counts for the Centennial Care Statistics Report.

Status

06/10/2016 - New workflow processes have been put in place for the Care Coordinators to input data into the system and not use manual letter distributions. The missing data was researched and added into BCBS systems to be included into the Centennial Care Statistics Report count. The Statistics Report is now up to date showing the correct CCP completion count.

BCBSNM

Q2DY3

Action Plan #3	Implementation Date	Completion Date
Myers and Stauffer Audit	02/04/2016	In progress

Description

BCBSNM is actively addressing Myers and Stauffer audit findings and recommendations.

Status
1. Conducting provider training and education on how to properly submit late charges on inpatient hospital claims. 06/29/2016 – BCBSNM anticipates that training activities will be completed in approximately five months. Anticipated completion is end of 2016.
2. Returning claims to providers with blank Present on Admission (POA) indicators so the proper POA indicator can be included. 06/29/2016 – BCBSNM creating coding and system upgrade request.
3. Defining standards and routinely monitoring contract loading timelines. 06/29/2016 – Inventory and monitoring process for application loading into BCBSNM's system is in progress. Anticipated completion is end of 2016.