



Susana Martinez, Governor  
Brent Earnest, Secretary Designee  
Julie B. Weinberg, Director

January 5, 2015

Sharon Huerta, CEO of Centennial Care  
Blue Cross and Blue Shield of NM

Patty Kehoe, RN, President  
Molina Healthcare of NM

Mary Eden, VP, Government Contracts  
Presbyterian Healthcare Services

Kevin Kandalraft, President  
UnitedHealthcare Community Plan

Dear Centennial Care Managed Care Organizations:

The Human Services Department, Medical Assistance Division (HSD/MAD) has performed an analysis of the status of the implementation of the Electronic Visit Verification (EVV) system. The purpose of EVV is to ensure that services provided are monitored in accordance with workers' established schedules, including the amount, frequency, duration, and scope of each service; and to immediately identify and address any gaps in care, including late and missed visits. At the present time, it has been determined that the Centennial Care Managed Care Organizations (MCOs) have not successfully implemented the EVV system as intended by the current Medicaid Managed Care Services Agreement and subsequent Letters of Direction (LODs). Upon receipt of this letter, please immediately address the attached items in the Directed Corrective Action Plan (DCAP) for the successful implementation of the system.

On June 5, 2013 HSD, issued an LOD allowing the MCOs to delay the EVV implementation date of January 1, 2014, until July 1, 2014. Due to ongoing system limitations, provider complaints, authorization issues and the inability to test the EVV system statewide, full implementation of EVV was not met by the new deadline and minimal progress in the EVV implementation has occurred to date. Therefore, HSD is issuing the attached Directed Corrective Action Plan (DCAP), which reflects the significant, outstanding items in need of resolution with corresponding timeframes.

#### **Submission of the Directed Corrective Action Plan (DCAP) Requirements**

1. The DCAP must be completed within fourteen (14) calendar days from the date of this letter and must ensure that all identified issues are addressed.
2. Submit your DCAP to your respective Contract Manager electronically or by mail to: Human Services Dept., Medical Assistance Division, P.O. Box 2348, Santa Fe, NM 87504-2348.
3. HSD/MAD will notify you in writing when your DCAP has been "approved" or "denied".
  - a. Failure to submit your DCAP within fourteen (14) business days will result in an internal referral for possible implementation of monetary penalties and/or sanctions.

To further support successful implementation of EVV, HSD plans to include performance targets for the delivery system improvement fund metrics in calendar year 2016.

Please let me know if you have additional questions regarding this notice.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Julie B. Weinberg', with a stylized flourish at the end.

Julie B. Weinberg, Director

**Directed Corrective Action Plan Elements:**

Identified Issue	Solution	Anticipated Completion Date
1. Provide the timeline/schedule and project plan between MCOs and First Data that details Authenticare’s compliance with its respective MCO contractual agreements including SOW.		
2. Evaluate and develop timeline by provider of readiness to implement EVV.		
3. Identify all geographic areas of the state where EVV will not be implemented due to lack of technological infrastructure.		
4. Develop and submit plan to address the “no tech” areas.		
5. Identify solution for members and/or caregivers who do not have a landline, cell phone or smart phone.		
6. Identify timeline for implementation of iPhone app.		
7. Provide solution for members who refuse to allow the caregiver to use his/her phone.		
8. Provide solutions for the QR card time zone concern (i.e. card captures and stores data until 2am Eastern but if caregiver does not enter tech zone area by 2am then data is erased causing providers to have to manually enter a web based claim).		
9. Identify and implement solutions for ongoing authorization issues between MCOs and the Authenticare system that result in elimination of spreadsheet sharing with providers and eliminate need for providers to conduct Quality checks to compare paper authorizations to Authenticare		

<p>authorizations. Quality assurance of authorizations is a function of the MCOs not providers. Provide timeline for elimination of paper authorizations.</p>		
<p>10. Provide solutions for delays in upload of authorizations into Authenticare via MCO systems (i.e. ending authorization, new authorization, changed authorization, etc.).</p>		
<p>11. Provide solutions for volume of alerts for late and missed visits.</p>		
<p>12. Identify solution for alerts generated by caregiver rather than member and how FD will identify whether or not the actual caregiver is utilizing EVV rather than the member (e.g., member calls into the Authenticare system and checks in/out for their caregiver).</p>		
<p>13. Provide solution for providers having to pull reports to sort through late/missed visits to determine which alerts are valid.</p>		
<p>14. Provide solution for providers having to keep a spreadsheet of high-risk clients to alert MCOs when caregiver does not show up.</p>		
<p>15. Identify solution for system erasing historical data of caregivers when there is a change in caregiver.</p>		
<p>16. Provide solution to accommodate different pay rates within a branch due to varying minimum wage laws.</p>		
<p>17. Provide solution for Authenticare to identify a new client for providers.</p>		
<p>18. Provide solution for Authenticare to indicate when</p>		

hours have changed in an existing authorization.		
19. Provide solution for providers to easily track caregivers' hours to identify those who work more than 40 hours per week.		
20. Provide plan for additional provider trainings, including onsite visits with providers to experience and view the system from provider perspective. HSD staff will also attend onsite trainings/visits.		