

## Q4DY5 ATTACHMENT F: MCO Action Plans

### Quarter 3 DY3

*BCBS*

*Q3DY3*

Action Plan #1	Implementation Date	Completion Date
HSD Care Coordination Audit	07/19/16	12/31/2018

#### *Description*

HSD conducted an audit on care coordination documentation in November 2015. The audit examined Care Coordination processes and documentation completeness through a sample file review of members with a Care Level 2 or 3. The final report from HSD indicated 12 findings/recommendations identified.

#### *Status*

07/19/16 – A summary report was provided to HSD specific to BCBS’s internal actions related to HSD’s findings as well as continued quality improvement for care coordination.

12/30/16 –BCBS continues to address HSD findings to improve care coordination processes and documentation. BCBS continues to update HSD on the progress made on a monthly basis.

03/31/17 – BCBS continues to update HSD on progress made to improve care coordination processes and documentation. Future updates will be provided to HSD quarterly and will encompass information on ongoing internal audits, summarizing the scope (sample/universe), methodologies (record review, ride along/observations, etc.), measurable results and ongoing actions steps based on BCBS internal findings.

06/30/17 –BCBS’s internal audits demonstrate improvement in care coordination processes and documentation. Audit activities have validated the following: disaster and back-up plans have been included in the member records, appropriate behavioral health referrals have been made and documented in the member records and multi-disciplinary teams have been involved in managing members with complex physical health and/or behavioral health care needs. BCBS will continue to educate and train staff on proper documentation in order to ensure positive health outcomes as a result of improved care coordination activities.

09/30/17 – BCBS’s self-auditing and monitoring continues. Additional education was completed by 09/30/2017. BCBS continues to conduct multi-disciplinary rounds to manage complex physical health and/or behavioral health care needs.

12/31/17 – BCBS continues to identify members with physical health (PH) and behavioral health (BH) needs for co-management. Members identified with complex BH needs are assigned to a Peer Support Specialist who uses their life experiences to assist members in managing their complex needs and encourage participation in care coordination. Additionally, BCBS is in the process of revising its transition of care documentation to improve the monitoring of members reintegrating

into the community from the nursing facility, while ensuring a successful transition occurs.

03/31/18 – BCBS continues to focus on ensuring staff is appropriately managing member needs when reintegrating into the community from the nursing facility and the co-managed process for physical and behavioral health members. Additionally, BCBS has revised the Standard Operating Procedure (SOP) for 1915(c) waiver members to ensure that members enrolled in waiver categories who have a Comprehensive Needs Assessment indicating that they meet criteria for Care Coordination Level 2 (CCL2) or Care Coordination Level 3 (CCL3) are assigned to CCL2 or CCL3. The SOP was implemented, and staff has been trained on this process to ensure adherence to the process.

06/29/18 –BCBS’s Care Coordination team continues to provide training to staff on the completion of Comprehensive Care Plans (CCP) to ensure records contain detailed disaster plans and back-up plans as well as meet the member’s identified needs. The revised Standard Operating Procedure was implemented on 6/28/18 to include expectations for completing the CCP within State deadlines. In addition, BCBS updated a tasking tool to ensure their care coordination team completes contractual care coordination touch-points as required. Weekly Dashboard Compliance meetings are being held to discuss compliance rates, including Comprehensive Needs Assessment (CNA) and Health Risk Assessment (HRA) compliance to ensure data is captured and remediation activities occur as necessary. In an effort to improve BCBS’s ability to capture data, Job Aids and tasking tools continue to be evaluated and updated. These aids and tools are reviewed with the care coordination team and staff during weekly staff meetings. Additionally, BCBS implemented a new Transition of Care Plan on 2/27/18 and trained staff to utilize the plan on members residing in a nursing facility and reintegrating into the community. The plan ensures that BCBS is capturing all pertinent information for members to secure a safe transition into the community.

09/30/2018 – BCBS’s Care Coordinators (CCs) continue to identify member BH diagnoses through the CNA and HRA assessments as well as through claims data to make appropriate referrals to address BH needs. Consistent monitoring continues with monthly member file audits completed by unit managers to ensure disaster plan compliance as well as BH diagnosis and referral. In February 2018, a new Transition of Care Plan (TOC) was created and all CCs were trained. The new template was designed to include all required elements to document member’s transition from a nursing facility as well as address the members Medicaid eligibility. Consistent monitoring continues with monthly member file audits completed by unit managers to ensure TOC plans are thoroughly completed. The CNA and HRA Tasking tool has been in production for two months and the expected improvement in metrics for CNA and HRA will be reported in coming weeks. All unit managers use a CNA dashboard report as a tool to ensure that CCs are meeting CNA and HRA compliance. Performance measures have been implemented for all BCBS CCs. BCBS utilizes additional support to improve CNA and HRA metrics as evidenced through BH liaisons located in all BH facilities and providers that follow members while inpatient at all BH out of home placements. Peer Support staff are also located in shelters and encourage care coordination for

those members that they are engaged with.

12/31/2018 – BCBS considers this action plan complete but will work diligently to equip staff with the appropriate tools and training to meet member needs and regulatory requirements on an ongoing basis. In this effort, two staff trainings were held on 12/13/18 and 12/14/18 for the proficient use of the CNA and HRA tasking tool, which is used to monitor compliance with assessment completion. Another training was conducted on 12/21/18 for appropriate care coordination assignment. BCBS has created a Care Coordination Compliance Report that is slated to be implemented by 1/31/19. This Report will be utilized by Managers and Care Coordinators alike to determine coming due compliance touchpoints. Transition of Care has been an area of high importance to BCBS. On 11/14/18 and 11/15/18, trainings were completed for community reintegration timeliness requirements and the proper use of the Transition of Care Plan.

BCBS completed a detailed disaster and back-up plan training on 12/19/18 with applicable staff. During the training, the audit tool that is used to audit for completeness was reviewed with the Care Coordinators, so they are aware of the elements scored when the plans are audited. BCBS’s care coordinators review the disaster and back-up plans with the member and update the plan as the member’s needs change. These new and reviewed plans will be audited to assess the effectiveness of the training.

BCBS uses a variety of sources to obtain behavioral health diagnoses such as: HRA, CNA, health summary, medical records, claim reports, case notes, provider input, family/caretaker, and interdisciplinary team (IDT) input. BCBS’s new health management platform is structured to automatically send members with behavioral health diagnoses to a work que for behavioral health review and follow-up as needed. Care Coordinators will also use this information to work collaboratively with the member to identify resources available, decide if co-management or behavioral health consultation is needed, help with any IDT team staffing, and help develop a Comprehensive Care Plan that addresses the member’s behavioral health needs. The Care Coordinator and IDT will work with the member to identify urgent issues and decide if referrals are needed to ensure a positive outcome.

### **Quarter 3 DY4**

#### MHC

Q3 DY3 reported in Q3 DY4

Action Plan #2	Implementation Date	Completion Date
HSD Care Coordination IAP	07/16	In progress

#### *Description*

Following an HSD desk audit, MHC developed and implemented an IAP to: 1) improve and standardize the documentation in members’ case files, and 2) create a process for multidisciplinary review and identification of intervention strategies for members with BH issues who refuse treatment.

The IAP included the development of a file documentation template and extensive training of Care Coordinators in file documentation processes. MHC measures progress through quarterly review of a random sample of files. MHC also implemented Physical and Behavioral Health Co-Managed Rounds for members refusing BH services

### *Status*

As of the 3<sup>rd</sup> quarter, MHC reports progress in consistent and complete file documentation of disaster and back up plans, next steps for members, and member reassessments. The results of the sample reviews are shared with Supervisors for feedback to Care Coordinators.

A workflow has been developed for members seen in inpatient multidisciplinary rounds to be followed in MHC's outpatient co-managed rounds. Care Coordinators are educated on the importance of motivational interviewing and medication adherence. The recommendations of Medical Directors and Pharmacists are clearly documented in the member's file.

3/31/18 In Q4, HSD provided MHC with new recommendations for its care coordination action plan. HSD continues to monitor MHC progress in 1) the development of inter-rater reliability controls for Care Coordination consistency; 2) addressing gaps in discharge planning and documenting transitions of care; 3) back-up and disaster planning; 4) improving the file documentation of Behavioral Health (BH) Diagnoses; 5) the development of processes and strategies for members with BH needs who refuse treatment.

6/30/18 MHC continued to monitor care coordination activities as recommended by HSD, and documented sustained progress in 1) back up and disaster planning; 2) the completion of multi-disciplinary team reviews for members with BH needs who refuse treatment; 3) ensuring that a Comprehensive Needs Assessment was completed prior to nursing facility discharge; and 4) completion and file documentation of the Transition of Care plan for members moving from a nursing facility to the community. 9/30/18 MHC continued to perform internal audits as recommended by HSD and documented improvement in 1) Identifying the source of a behavioral health diagnosis and plans to address potential needs; and 2) Transition of Care plans with complete demographic information, and eligibility status.

12/30/18 MHC continued to perform internal audits as recommended by HSD and documented continued improvement in the percentage of files containing source of BH diagnosis and plans to address potential needs.

### **Quarter 1 DY5**

*BCBS*

*Q1 DY5*

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<i>Action Plan #3</i>	<i>Implementation Date</i>	<i>Completion Date</i>
Americans with Disabilities Act (ADA) and Cultural Competency Indicators in Online Provider Finder and Printed Directory	01/01/2018	12/31/2018

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*Description*

The BCBS online provider directory and provider finder does not currently include certain ADA indicators and does not indicate if a provider has completed provider cultural competence training.

*Status*

03/31/2018 – The ADA indicators are targeted to be incorporated into the online provider finder and hard copy provider directory effective 06/01/2018. An Enterprise-wide initiative is currently being worked through to include provider training detail related to cultural competency and the current deployment target date is 09/29/2018.

06/29/2018 – The ADA/Physical Disability Accommodations have been fully implemented and are included in BCBS’s online and printed Provider Directories. ADA indicators were loaded into provider records and will continue to be captured by BCBS as providers submit this information. BCBS will ensure that this information is up to date and accurate for members. As part of BCBS’s Enterprise-wide initiative, Provider Services is reviewing previous provider training related to cultural competency to make adjustments as necessary and is still on target for 09/29/2018.

09/30/2018 –The ADA indicators have been loaded into BCBS’s provider records. This project will be an ongoing effort to ensure BCBS has the most accurate and up to date information from providers. BCBS’s Network Services is finalizing the Cultural Competency training deck that will be available to providers in the fourth quarter of 2018. Provider indicators reflecting completion of cultural competency training will be updated on a monthly basis in the online provider finder once the provider has completed their training.

12/31/2018 – BCBS considers this action plan closed as the ADA/Physical Disability Accommodations have been fully implemented in the online Provider Finder and printed provider directories since July of 2018. BCBS will collect and update data in the online Provider Finder and printed directories on an ongoing basis to ensure new providers reflect any accommodations as well any accommodation changes for providers in the network. The Cultural Competency training deck has been updated and posted on BCBS’s website as of December 2018. As providers complete the training and attest to the completion, BCBS will include a provider indicator reflecting this completion in the online Provider Finder and the online directory will be updated on a monthly basis.

### Quarter 3 DY5

#### BCBS

#### Q3 DY5

<u>Action Plan #1</u>	<u>Implementation Date</u>	<u>Completion Date</u>
Retroactive Medicare and and Medicaid Expansion Population	05/09/2018	12/31/2018

#### *Description*

When enrollment was retroactively terminated for members on the Medicaid Expansion (Category of Eligibility 100), BCBS was recouping payment of claims that were previously paid. HSD provided clarification that despite enrollment being terminated, if capitation is left in place, the claims should be left paid.

#### *Status*

09/30/2018 – BCBS has implemented interventions to override the existing system logic to ensure claims previously paid remain paid for these members. Most impacted providers have been repaid. BCBS is working with two providers on the claim submissions and adjustments.

12/31/2018 – BCBS considers this action plan closed. As of 12/12/2018, all claims for the remaining two impacted providers have been adjusted and payment has been reissued.

#### BCBS

#### Q3 DY5

<u>Action Plan #2</u>	<u>Implementation Date</u>	<u>Completion Date</u>
Implementation of July 2018 Rate Increases	09/06/2018	10/09/2018

#### *Description*

BCBS received and signed rate sheets in June 2018, which outlined rate increases for providers, by provider type with specific associated increases for an effective date of July 1, 2018. BCBS did not complete all system configurations by July 1, 2018. As a result, some Behavioral Health, Nursing Facility, Assisted Living Facility, and Adult Day Health providers did not receive correct reimbursement beginning July 1, 2018.

#### *Status*

09/30/2018 – BCBS implemented a remediation plan in September 2018 to complete the remaining

system configurations and claims adjustments for impacted providers. The remaining system configurations for Behavioral Health providers were completed on August 20, 2018, on September 4, 2018 for Nursing Facility providers, and on September 12, 2018 for Assisted Living Facilities and Adult Day Health providers. Claims adjustments for Behavioral Health and Nursing Facility providers were completed on September 28, 2018 and the remaining claims adjustments for Assisted Living Facilities and Adult Day Health providers are expected to be completed by October 10, 2018. BCBS has been working with providers impacted and communicating progress.

12/31/2018 – BCBS considers this action plan closed. On 10/09/2018, the final claim adjustments for the July 2018 rate increases were completed.

**Quarter 4 DY5**

*BCBS*

*Q4 DY5*

<i>Action Plan #1</i>	<i>Implementation Date</i>	<i>Completion Date</i>
External Quality Review Organization 2015 and 2016 Compliance Audit	12/31/2018	In progress

*Description*

BCBS to evaluate policies and procedures to ensure medical directors are utilizing “easily understood language” in Adverse Benefit Determination letters, per Section 4.12.15 of the Medicaid Managed Care Services Agreement and as set forth in 42 CFR § 438.10 (d)(6)(i). BCBS will audit member files for documentation of compliance and monitor progress.

*Status*

12/31/2018 – BCBS identified an opportunity to refine Adverse Benefit Determination letters, so medical directors are using consistent and easily understood language. In February 2017, BCBS developed base template language that was made available for medical directors to use as a tool for letter completion. These base templates have been updated and enhanced since 2017. In June 2017 the BCBS Audit & Accreditation team instituted Utilization Management audits and the criteria for these audits have evolved over time and the formal evaluation of Flesch-Kincaid score was added in 2018. BCBS is conducting audits to ensure 6<sup>th</sup> grade or below reading level is applied to the letters. The December 2018 audits are targeted to be completed by 01/31/2019.

*BCBS*

*Q4 DY5*

<i>Action Plan #2</i>	<i>Implementation Date</i>	<i>Completion Date</i>
Care Coordination Activities	12/31/2018	In progress

*Description*

BCBS had not met contractual timeliness measures for certain care coordination activities.

*Status*

12/31/2018 – BCBS identified that the following areas required improvement: Compliance of Care Coordination Activities (Timeliness and Clinical Appropriateness) with Health Risk Assessments (HRA), Comprehensive Needs Assessments (CNA), and Nursing Facility Level of Care Determinations (NF LOC); staff training evaluation and effectiveness plan; reporting of care coordination data; and burndown plan for assessment backlogs. BCBS’s Compliance department will monitor the actions that are required to close each open issue. As of 1/1/19, 12,504 HRAs have been completed, which eliminates the identified HRA backlog. Collaboration continues with BCBS’s Reporting team to ensure data integrity of member files and the capturing of HRA completions. Additional staff have been hired to assist in HRA completion.

*PHP*

Q4 DY5

<u>Action Plan #3</u>	<u>Implementation Date</u>	<u>Completion Date</u>
Care Coordination Activities	12/20/2018	In progress

*Description*

Vision Service Plan - Claims Improvement Plan

*Status*

HSD requires a 98% technical accuracy for claims processed. Audit findings are in the rebuttal phase; however, PHP believes an Improvement Plan is necessary.

*PHP*

Q4 DY5

<u>Action Plan #4</u>	<u>Implementation Date</u>	<u>Completion Date</u>
Care Coordination Activities	12/20/2018	In progress

*Description*

Vision Service Plan - A&G Improvement Plan

*Status*

PHP's Appeals & Grievances Auditor indicated that VSP did not provide a copy of their A&G Policies & Procedures that is a requirement of the audit. The audit is in the rebuttal phase; however, PHP believes an Improvement Plan is necessary.

*PHP*

Q4 DY5

<u>Action Plan #4</u>	<u>Implementation Date</u>	<u>Completion Date</u>
Care Coordination Activities	12/20/2018	In progress

*Description*

Vision Service Plan - IT Improvement Plan

*Status*

Several required IT documents were not provided by VSP, and therefore, an Improvement Plan was requested. VSP provided the IT documents, which were sent to PHP's IT auditor for review and response. An update will be provided next quarter.

**Quarter 3 DY2**

*MHC*

**Q3DY2**

Action Plan #1	Implementation Date	Completion Date
Regulatory Reports	07/27/15	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*

MHC has engaged Corporate IT, the Enterprise Project Management Office, and other key resources to complete a priority 1, "State Remediation Report Project." This project was actively sponsored at the highest executive levels within the company. Twenty-four state reports were identified in this project.

MHC's State Remediation Report Project prioritized reports 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 State Remediation Report Project was completed 09/30/16. Transition work was been completed on the reports that were still open items as of 09/30/16, including Report 3, 55 and 45. During the current reporting period, all open items, with the exception of Report 3, were closed.

For Report #3, MHC continued to take action to ensure data integrity and to refine the database infrastructure. Further logic changes are still in development. Testing has been delayed; finalization is now anticipated by August, 2017.

As of 09/20/17, testing for Report #3 was successful with no issues detected. It is anticipated that this item will be closed following the data run and submission for Q3.

This item remains open. Manual interventions are still required to generate the report. To reduce the potential for errors, MHC continues to work on programming solutions that will minimize these interventions.

03/31/18 – MHC closed this item 01/17/18. Configuration has been completed, and no issues were detected.