

DY5 Q3 ATTACHMENT G: MCO Action Plans

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.

Quarter 3 DY3

UHC

Q3DY3

<u>Action Plan #1</u>	<u>Implementation Date</u>	<u>Completion Date</u>
HSD Care Coordination Audit	09/01/16	In Progress

Description

HSD conducted an audit on care coordination documentation in November 2015. Outcomes were favorable and indicated significant improvement in continued documentation efforts specific to care coordination activities.

Status

09/30/16 – A summary report was provided to HSD on UHC’s internal activities specific to the action plan that is in place to continue improvement on care coordination documentation. The internal action plan was also updated and submitted.

12/01/16 – Improvement activities for each audit finding is submitted monthly. Of the seven items, three are complete and the four others are in progress. Random sample reviews guide areas of focus for continued improvement efforts.

04/05/17 – HSD provided UHC with two recommendations and seven action steps focused on ensuring positive health outcomes resulting from Care Coordination activities. Quarterly updates are due to HSD from the MCOs on the 15th of the month following the end of quarter. In addition the MCOs meet individually with HSD on a monthly basis to review progress as well as to identify barriers. UHC has several quality improvement initiatives utilizing its new clinical care system, CommunityCare. In 2017, UHC has placed an emphasis on internal auditing, staff education, training and feedback, utilizing system generated goals as a starting point for developing measurable goals for the member and having current medication and service data readily available in the CommunityCare system. UHC has also developed a Corporate Adherence Report to measure adherence to contract metrics.

07/15/17 – UHC is meeting quarterly with the Quality Bureau at HSD for in-person meetings. HSD has provided positive feedback related to UHC care coordination efforts. Meetings will continue through 2017.

10/09/17 – HSD and UHC exchanged positive feedback and comments at their quarterly meeting with the Quality Bureau regarding ongoing Care Coordination performance improvement efforts.

1/15/18 - Q4CY17 Internal Action Plan (IAP) submitted to HSD

2/6/18 - The Health Services team met with HSD and reviewed the quarterly IAP information. UHC received recommendations in regards of ongoing improvement of the care coordination documentation based on the report outcome. HSD added Nursing Home Transition documentation elements to the quarterly IAP, for which UHC received clarifications on the newly added elements. During the meeting, HSD also announced 3 elements are on the IAP are

deactivated effectively immediately. Since the action plan was initiated in 2015, there are total of 2 recommendations and 11 action steps (4 TOC action steps newly added in Q4CY17).

3/31/18 – Two (2) recommendations and 4 action steps are closed

BCBS

Q3DY3

<u>Action Plan #1</u>	<u>Implementation Date</u>	<u>Completion Date</u>
HSD Care Coordination Audit	07/19/16	In progress

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.

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 3rd 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. **Quarter 4 DY4**

UHC

Q4 DY4

<u>Action Plan #2</u>	<u>Implementation Date</u>	<u>Completion Date</u>
Provider Experience CAP	11/09/17	In progress

Description

Concerns of the increase in claims projects and reprocessing of claims, and an increase in provider service call center volume.

Status

UHC submitted an Internal Plan of Correction (ICAP) that included a self-identification that their current network training curriculum is inconsistent amongst provider facing teams. United has stated there are opportunities to align talking points to define; their UnitedHealthcare network voice, align reporting resources and tool kits to help mitigate issues proactively, align escalation channels to expedite provider claims resolution turnaround time, and align provider engagement strategies to define their United network voice.

UHC has initiated the following:

11/17/17 - Work groups are in progress

11/27/17 - Process of documenting a road map

12/13/17 - UHC Network contracting tool is completed and will be deployed to Network teams

12/15/17 - Develop oversight process and owners for Contract Data Variance Reporting.

12/15/17 - Align Network training and system access levels to facilitate research and ensure provider expectations can be managed throughout the resolution process.

12/15 17 - UHC has defined and aligned education around provider portal availability and functionality.

12/15/17 - UHC has aligned provider education forums (Expo's, Town Halls, and administrative advisory committees). Establish 2018 schedule of events

UHC Operation teams will continue to evaluate during regularly scheduled Operations Meetings.

4/4/18 - Provider Experience CAP entered steady-state in Q1 2018; two-part demonstration of Network enhancements and Claims oversight processes were shared with our Contract Managers and state partners acknowledged decreased provider escalations at the state level. Additional analysis of call center statistics shows a decrease in call volume, month-to-month in provider services queues as noted in Report 2 analysis. [Recommendation to deploy activities into steady-state model to maintain progress received on 2/21]

iCAP closed in Q1 and improvement efforts have been sustained through Medicaid contract termination on 8/31/2018.

UHC

Q4 DY4

<i>Action Plan #3</i>	<i>Implementation Date</i>	<i>Completion Date</i>
<i>Encounter CAP</i>	<i>11/10/17</i>	<i>In progress</i>

Description

UHC has initiated a self-directed ICAP to address claims issues and to be proactive in the reduction of incorrect claims denials.

Status

Some of the remediation action taken by UHC to correct these issues included the following:

11/22/17 - Built oversight dashboard

12/08/17 - PRPK logic update in process. Will eliminate manual adjudication and insure greater payment accuracy

12/30/17 - Establish weekly claim performance per provider type – weekly reporting to allow for proactive feedback to providers.

12/29/17 - Review and validate processing SOP’s for accuracy to minimize review escalations. Coordinate oversight of DEFECTS and CEAP (pre-payment) audits identifying processing errors.

12/29/17 - Automate claims processing versus overturn claims payment reports to target appeals/adjustments that were overturned as a result of claims inappropriately processed or adjusted.

12/30/17 - UHC established a weekly claims performance per provider type – weekly reporting to allow for proactive feedback to providers.

UHC states they have changed to proactive monitoring, formalized reviews via standing bi-monthly meeting with the health plan operations team for CPEWS (Care Provider Early Warning System) and CEAP (pre-payment) audits on the various provider types for the high volume denial codes.

UHC Operations leadership Team informed HSD they will continue to monitor these items through

their regularly scheduled Operations meeting and reports will be reviewed in bi-weekly Claims / Ops meetings.

3/16/18 - Added standing agenda item to bi-weekly systems call to manage state and UHC technical updates required to deploy a claim edit

4/2/18 - Strategy finalized. Combination of upfront claims denials, provider education and claims resubmission to insure minimal provider abrasion

4/6/2018 - Conducted Project to correctly identify denied claims versus zero paid claims and project was deployed on 4/6/18

4/8/18 - Built oversight dashboard and demonstrated to HSD on 4/8/18

4/30/18 - Evaluating opportunities for further provider education.

UHC Operations leadership Team informed HSD they will continue to monitor these items through their regularly scheduled Operations meeting and reports will be reviewed in bi-weekly Claims/Ops meetings.

6/8/18 IT work continues, deployment date of 6/30 delayed to 7/28 to allow for additional provider education, mitigating provider abrasion. Additional requirements provided 6/8: Added to work and aiming to deliver with original requirements 7/28.

ICAP closure submitted to HSD on 8/7/2018. UHC deployed claims edits and completed all tasks outlined in plan. Phase 2 of the Cures Act was scheduled for deployment on 9/1.

However, this was rescinded due to acquisition of UHC Medicaid membership by Presbyterian Health Plan. Phase 2 Cures Act-related edits were only applicable to claims with DOS after 9/1. UHC had no active membership to receive DOS.

Quarter 1 DY5

BCBS

Q1 DY5

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

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.

Quarter 2 DY5

PHP

Q2 DY5

<u>Action Plan #1</u>	<u>Implementation Date</u>	<u>Completion Date</u>
NIA Improvement Plan	06/27/2018	In progress

Description

An issue was identified with NIA, PHP’s delegated Utilization Management (UM) vendor for radiologic services. NIA’s affiliated vendor was not mailing letters in a timely manner.

Status

06/27/2018 PHP notified NIA of the required improvement plan. NIA will complete the initial plan of correction provided by PHP and return it to PHP within 10 days. NIA will identify a second method to notify members of decisions in addition to letter mailing. NIA will work with its mail vendor to mail letters timely and to provide mail dates to NIA who will document these dates in its system and monitor timeliness. NIA will identify appropriate control processes for mailing and ensure the secondary notification process is in place should the letter notification fail or be delayed. Lastly, NIA will identify a process to be able to identify the true mailing dates to ensure accuracy of reporting and to be able to assess member impacts.

09/30/2018: PHP is monitoring NIA’s compliance.

Quarter 3 DY5

BCBS

Q3 DY5

<u>Action Plan #1</u>	<u>Implementation Date</u>	<u>Completion Date</u>
Retroactive Medicare and and Medicaid Explansion Population	05/09/2018	In progress

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.

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	In progress

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.

PHP

Q3 DY5

<i>Action Plan #1</i>	<i>Implementation Date</i>	<i>Completion Date</i>
<i>DentaQuest Improvement Plan</i>	<i>03/01/2018</i>	<i>09/11/2018</i>

Description

DentaQuest's Provider Services Call Center stats and requirements for 2nd Quarter 2018 through May 2018.

Status

DentaQuest was not meeting contractual requirements set forth in the Medicaid Managed Care Services Agreement. DentaQuest encountered long hold times due to their remote staff encountering technical issues that took them the first two weeks of May to resolve. The issues were with their remotes and their various network providers (ATT, Comcast) not synching well with their systems and upgrades to their MBPS to resolve the issue.

PHP reviewed DQ's Phone Summary for 3Q2018 (June 2018 through August 2018) and DQ's Addendum to Policy 400.001 and found the results had improved, and it is now in compliance. Closed.

PHP

Q3 DY5

<i>Action Plan #2</i>	<i>Implementation Date</i>	<i>Completion Date</i>
<i>DentaQuest Improvement Plan</i>	<i>07/02/2018</i>	<i>07/18/2018</i>

Description

PHP's IT Auditor requested DentaQuest Problem Management Module for their Service Desk Portal and was unable to obtain it.

Status

DentaQuest implemented a Problem Management Module within ServiceNow, which went into effect 7/2/18 and provided a screen shot to demonstrate compliance. DentaQuest integrated the new process and is using it within specific IT departments with no reported incidents since integration.